

REC'D SEP 19 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

29537

Do not use this space.

1. PLACE OF DEATH

(a) County Monroe Registration District No. 381
 (b) Township Monroe Primary Registration District No. 4343
 (c) City Monroe City (d) Street No. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 46 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

William Walker Handley
 (a) Residence, No. 211 Court St. ☐
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sora May Handley
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 14th 1865
 7. AGE YEARS 73 MONTHS 3 DAYS 5 If LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) Aug. 19/38 11. Total time (years) spent in this occupation _____
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marion Co. Missouri
 13. NAME David Handley
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky
 15. MAIDEN NAME Elizabeth Lear
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
 17. INFORMANT (ADDRESS) A.R. Handley
Funkville Mo.
 18. BURIAL, CREMATION, OR REMOVAL St. Frances Semetary DATE Aug-21-38
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wilson & Son
Monroe City Mo.
 20. FILED Aug. 20 1938 W.D. Phipps Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 19th 1938

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw him _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage
following a fall from a ladder Oct 19/37
from which he was rising

Date of onset

Other contributory causes of importance: 8241

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury _____, 19____Where did injury occur? Monroe City Mo.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

in public street

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? Yes

If so, specify _____

(Signed) Samuel M. Wilson Coroner(Address) Monroe City Mo.513

STATE OF MISSOURI
DEPARTMENT OF HEALTH
BUREAU OF VITAL RECORDS

CERTIFICATE OF DEATH

TO BE FILLED OUT BY THE LICENSED EMBALMER

RECEIVED

District Health Officer No. 10

District File Number 10-38-88

Date Filed 9-15-38

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, _____

_____, or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed Leslie L. Wilson

Licensed Embalmer No. 3214

P. O. Address Monroe City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.