

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

MAY 15 1940

399

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

1002

State File No.

13913

Registrar's No.

1625

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
3715 College  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution No.  
(Specify whether  
In this community Thirty Seven Years  
years, months or days)

3. (a) PRINT FULL NAME Mrs. Laura Minerva Handley 534

8. (b) If veteran, name war No. 3. (c) Social Security No. No.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Thomas S. Handley 6. (c) Age of husband or wife if alive dec. years

7. Birth date of deceased March 10 1885  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
55 1 5 hr. min.

9. Birthplace Kansas  
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business X

12. Name W. T. Mills

13. Birthplace Illinois  
(City, town, or county) (State or foreign country)

14. Maiden name Petta Kippay

15. Birthplace Indiana  
(City, town, or county) (State or foreign country)

16. (a) Informant Tom Handley

(b) Address 3715 College, Kansas City, Mo.

17. (a) Burial (b) Date thereof 4/17/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington Cemetery

18. (a) Signature of funeral director Stine & McClure

(b) Address 3235 Gillham Plaza, K.C., Mo.

19. (a) 4-16-40 (b) M. M. Brown  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3715 College  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? No. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15th  
year 1940 hour 4:30 minute A. M.

21. I hereby certify that I attended the deceased from April 15, 1940 to April 15, 1940

that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Hodgkins Disease

Due to 72.83

Due to \_\_\_\_\_

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Thomas Stine (M. D. or other) \_\_\_\_\_

Address 214 Withman Bldg Date signed 4/16/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Kyner

with men body

### 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.....

Licensed Embalmer No. 1418

P. O. Address

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.