

FILED JUN 20 1940

Registration District No. **280**

Primary Registration District No. **5391**

Registrar's No. **20**

1. PLACE OF DEATH:

(a) County **Douglas Twp**
(b) City, or town **Champion Doug**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **home**
(If not in hospital or institution, write street number or location) **2**
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ (If rural, give location)
years, months or days **32**

3. (a) PRINT FULL NAME **Patricia Ann Handcock**

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

4. Sex **F** 5. Color or race **white** 6. (a) Single, widowed, married, divorced _____

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **April 4 1940**
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day **2** hr. _____ min.

9. Birthplace **Douglas Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name **Lloyd Handcock**
13. Birthplace **Douglas Co Mo**
(City, town, or county) (State or foreign country)
14. Maiden name **Elizabeth Lucille Shannon**
15. Birthplace **Douglas Mo**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Joe Shannon**
(b) Address **Douglas, Mo.**

17. (a) _____ (b) Date thereof **April 4 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Douglas**

18. (a) Signature of funeral director **J. Mesdick 976**

(b) Address _____

19. (a) **5-16-1940** (b) **Reba King White**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Douglas**
(c) City or town **Champion**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **Thursday**
year **1940** hour **11** minute **45** A.M.

21. I hereby certify that I attended the deceased from **Birth**
April 4, 1940 to **April 4**, 1940
that I last saw her alive on **April 4**
and that death occurred on the date and hour stated above. **11:45 PM 1940**
Duration

Immediate cause of death **Edna Shannon attended (help) child at birth and cause: Birth injury**
Due to **Birth injury**
Due to **child lived 2 hrs.**

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 **Reba K. White** (M. D. or other) _____
Address **ava, mo** Date signed **5-16-40**

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

RECEIVED

District Health Officer No. 6,

District File Number 640-1412

Date Filed JUN 11 1940

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. _____

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.