

Registration District No. 816

Registration District No. 6065

Registrar's No. 38

1. PLACE OF DEATH:

(a) County Scott
 (b) City or town Rehso Township Puraw
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Chaffee Rural
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 34 years (Specify whether years, months or days) 2

8. (a) PRINT FULL NAME Thomas W. Handley

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

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

6. (b) Name of husband or wife Minnie Emerson Handley 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased Jan 28 1882
 (Month) (Day) (Year)

8. AGE: Years 68 Months 9 Days 15 If less than one day hr. min.

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

10. Usual occupation Painter House

11. Industry or business Same

MOTHER FATHER { 12. Name W^m Handley

18. Birthplace England
 (City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name Francis Cooper

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

16. (a) Informant's own signature Mrs Minnie Handley

(b) Address Chaffee Mo, R1

17. (a) Burial (b) Date thereof 11-15-40
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Park - Chaffee Mo

18. (a) Signature of funeral director Bislinghoff + Hubbard

(b) Address Chaffee Mo

19. (a) 11/15/40 (b) W. O. Finney
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Scott
 (c) City or town Rehso Township Puraw
 (If outside city or town limits, write "RURAL")
 (d) Street No. 0 (If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 13
 year 1940 hour 9 minute 30 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw h_____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

Acute Myocarditis
Sudden Death
Natural Cause

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 Coroner

23. Signature John P. Hummel, Jr M. D. or other _____
 Address Charleston Mo Date signed 11-14-40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WHITE-PERMANENT RECORD

FILED DEC 14 1940

RECEIVED

District Health Officer No. 2,

District File Number 1240-174

Date Filed 12/3/40

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.