

1. PLACE OF DEATH:

(a) County Gentry
(b) City or town Fort City Mo.
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community all of life. (Specify whether years, months or days)

3. (a) PRINT FULL NAME Francis Joseph Handley

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

4. Sex Male 5. Color or race W. 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 1 24 1904
(Month) (Day) (Year)

8. AGE: Years 37 Months 6 Days 10 If less than one day hr. _____ min. _____

9. Birthplace Fort City Mo. RR. (City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

12. Name Wm A. Handley
13. Birthplace King City Mo. RR. (City, town, or county) (State or foreign country)
14. Maiden name Anna Bern Mager
15. Birthplace Gentry Co. Mo. (City, town, or county) (State or foreign country)

16. (a) Informant J. E. Handley

(b) Address King City Mo. RR.

17. (a) Buried (b) Date thereof Aug 14-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fort City Mo. RR. 7aggard

18. (a) Signature of funeral director R. B. Taggart

(b) Address King City Mo.

19. (a) 8-4-41 (b) Small J. Gantz
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Gentry
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 3 year 1941 hour 7 minute 45 A.M.

21. I hereby certify that I attended the deceased from Aug 1 to Aug 3 1941
that I last saw him alive on Aug 3 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Status epilepticus Duration 2 da

Due to Epilepsy 85 25 yrs

Due to _____

Other conditions _____

(Include pregnancy within 5 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

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 Small J. Gantz (M. D. or other) 0

Address King City Date signed 8/14/41

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.....

R. G. Taggart

Licensed Embalmer No. *2563*

P. O. Address *King 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, fact should be so stated above.