

FILED SEP 12 1941

Registration District No. 025-

Primary Registration District No. 3035

Registrar's No. 99

1. PLACE OF DEATH:

(a) County Wodaway
(b) City or town Manauwelle mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution In - Francis Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 weeks
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME JAMES A. HANDLEY

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

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

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

7. Birth date of deceased 8-25-1850
(Month) (Day) (Year)

8. AGE: Years 82 Months 11 Days 10 If less than one day hr. _____ min. _____

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

10. Usual occupation Printing

11. Industry or business _____

12. Name John Handley

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

14. Maiden name Margaret Burns

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

16. (a) Informant Geo H Handley

(b) Address Wodaway Mo

17. (a) Burial (b) Date thereof 8-9-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Chhrl

18. (a) Signature of funeral director Conception J. ...

(b) Address _____
19. (a) Aug-6-41 (b) Marie E. ...
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Wodaway
(c) City or town Wodaway mo
(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 8 day 5
year 1941 hour 9 minute 15 A.M.

21. I hereby certify that I attended the deceased from May 18 39
_____ 19____ to 8-5-41 19____
that I last saw him alive on _____ 19____
and that death occurred on the date and hour stated above

Immediate cause of death Angina pectoris of R. foot
Arterio Sclerotic Duration _____

Due to Senility

Due to _____

Other conditions 9812
(Includes 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 J. M. Boyle (M. D. _____)
Address Conception J. ... Date signed 8-5-41

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

4
1
2

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

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~~

~~working under my personal supervision.~~

Signed

Lester S. Phillips

Licensed Embalmer No.

1898

P. O. Address

St. Henry

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.