

FILLED NOV 21 1941

Registration District No. 2109APrimary Registration District No. 5286Registrar's No. 25

1. PLACE OF DEATH:

- (a) County Clinton
 (b) City or town Jackson and Holt Rural
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution _____
-
- (Specify whether _____)

In this community _____
years, months or days)

3. (a) PRINT FULL NAME
- MARTHA J. HANDY

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

4. Sex
- Female
5. Color or race
- white
6. (a) Single, widowed, married, divorced
- WIDOW

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

7. Birth date of deceased
- March 27 1847
-
- (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
-
- 94
- 7
- 7
- hr. min.

9. Birthplace
- Clinton Co Mo
-
- (City, town, or county) (State or foreign country)

10. Usual occupation
- Housekeeper

11. Industry or business

12. Name
- John Wayman

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

14. Maiden name
- Jessie Barnett

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

16. (a) Informant's own signature
- Virgil Handy

- (b) Address
- Holt Mo

17. (a) (Burial, cremation, or removal) _____ (b) Date thereof
- Nov 3 1941
-
- (Month) (Day) (Year)

- (c) Place: burial or cremation
- Antorch Cem

18. (a) Signature of funeral director
- Leonard Fay

- (b) Address
- Hoagney Mo

19. (a)
- 11-6-41
- (b)
- E. P. Dunderberg
-
- (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State
- MO
- (b) County
- Clinton

- (c) City or town
- Holt Rural
-
- (If outside city or town limits, write "RURAL")

- (d) Street No.
- 2 mi. E. of Holt, Mo
-
- (If rural, give location)

- (e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month
- Nov.
- day
- 2
-
- year
- 1941
- hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from
- Oct. 15, 1941
-
- ~~Nov. 2~~
- to
- Nov. 2
- , 19
- 41
- ,
-
- that I last saw her alive on
- Nov. 2
- , 19
- 41
- ,
-
- and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
& Cardiac failure Duration _____

Due to _____

Due to _____

Other conditions Senility
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy 932

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) Mean of injury _____

23. Signature Patricia Buehler (M. D. or other) _____Address Lansom Date signed Nov 7 1941

DEC 28 1933

RECORDED

DEC 28 1933

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..... *Leonard Fay*
Licensed Embalmer No. *1677*
P. O. Address *Kearney 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, above space should be left blank.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 34691

Registration District No. 206

Primary Registration District No. 5885

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Coleton
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(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 _____ (Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____
(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 _____

3. (a) PRINT FULL NAME Martha J. Handy

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

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

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

7. Birth date of deceased Mar. 27 1844
(Month) (Day) (Year)

8. AGE: Years 94 Months 7 Days 14 min. _____
(If less than one day)

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER } 12. Name _____
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 11-6-41 (b) G. B. Dukesone
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ day _____
year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____; that I last saw him _____ live on _____ 19____; and that death occurred on the date and hour stated above.
Immediate cause of death _____

Duration

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

PHYSICIAN

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 _____ (M. D. or other) _____

Address _____ Date signed _____

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

SUPPLEMENTARY

