

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

41494

State File No. _____

Registration District No. _____

Primary Registration District No. 5293

Registrar's No. 4

1. PLACE OF DEATH:

(a) County Callaway
(b) City or town Rural Summit Township
(c) Name of hospital or institution: R.R. Accident Near Boghen
(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

Patrick Henry Handley

3. (b) If veteran, name war _____

3. (c) Social Security No. 202-10-2664

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married married
6. (b) Name of husband or wife Maude F. Handley 6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased March 10 - 1872
(Month) (Day) (Year)

8. AGE: Years 69 Months 9 Days 7 If less than one day hr. _____ min. _____

9. Birthplace: Walker (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Locomotive Engineer

11. Industry or business M. & J. R.R.

12. Name Thomas Handley

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

14. Maiden name Charlotte Riddle (City, town, or county) (State or foreign country)

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

16. (a) Informant Patrick G. Handley

(b) Address Sedalia, Mo.

17. (a) Removal (b) Date thereof 12/17/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill Cem.

18. (a) Signature of funeral director Boghen Funeral Home

(b) Address Jefferson City, Mo.

19. (a) 12-18-JAH (b) Moore Richter
(Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway
(c) City or town Rural Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 4190 6th St
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 17
year 1941 hour 4 minute 20 A M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him alive on Dec 17, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death R.R. head on collision on M & J about 3 miles N.W. of Cedar City, Mo. body mangled & mangled.
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) accident

(b) Date of occurrence Dec 17-41

(c) Where did injury occur? on M & J R.R.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? on R.R. Right away
(Specify type of place) (e) Means of injury marked

23. Signature J. W. Holman (M. D. or other) Coroner

Address 8-E-8th St. Fulton, Mo. Date signed 12-17-41

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

881

(Licensed Embalmer's Statement on Reverse Side)

DEC 31 1941

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 Victor Buercher

Licensed Embalmer No. 3701

P. O. Address g e m a

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.