

FILED FEB 20 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2003

Registration District No. 190

Primary Registration District No. 4113

Registrar's No. 1

1. PLACE OF DEATH

(a) County Clark
(b) City or town Kahoka
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County 23
(c) City or town _____
(If outside city or town limits, write "RURAL") 1
(d) Street No. _____
(If rural, give location) 0
(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Sarah Elizabeth Handlon

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

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

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

7. Birth date of deceased December 29 1854
(Month) (Day) (Year)

8. AGE: Years 87 Months 1 Days 3
If less than one day _____ hr. _____ min.

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

10. Usual occupation At Home

11. Industry or business _____

12. Name Anna B. G. Weaver

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

14. Maiden name Wanda Page

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

16. (a) Informant Leo J. Handlon

(b) Address Kahoka Mo

17. (a) Burial (b) Date thereof 1/5/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Acosta Cemetery

18. (a) Signature of funeral director Fred J. Karlos

(b) Address Kahoka Mo

19. (a) Jan 14 1942 (b) Lulachernbauer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan, day 2nd,
year 1942 hour 1 minute 45 P M.

21. I hereby certify that I attended the deceased from May 1,
1941 to Dec 18, 1941;
that I last saw her alive on Dec 18, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Intestine

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

Duration

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)
Means of injury _____

23. Signature Perry S. Barton (M. D. or other) D.O.

Address Perry S. Barton Date signed 1/10/42

1081

(Licensed Embalmer's Statement on Reverse Side)

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

23
10

V. S. No. 2
50M-1-4
Rev. 5-1

RECEIVED

District Health Officer No. 10

District File Number 2-42-328

Date Filed FEB 19 1942

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..... Fred J Karle

Licensed Embalmer No. 1023

P. O. Address Kahoka 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.