

FILED FEB 4 1943

Registration District No.

Primary Registration District No. 5920

Registrar's No. 1

1. PLACE OF DEATH:

(a) County: Platt
(b) City or town: Edgerton
(If outside city or town limits write "RURAL" and name of township)
(c) Name of hospital or institution: Rural
(If not in hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution 75 yrs (Specify whether years, months or days)

3. (a) PRINT FULL NAME

William A. Handley

3. (b) If veteran, name war

3. (c) Social Security No. 180

4. Sex M

5. Color W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of wife: James Handley

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased

Feb 15 1866
(Month) (Day) (Year)

8. AGE:

Years 75 Months 11 Days 13 If less than one day hr. min.

9. Birthplace

Mo (City, town, or county) (State or foreign country)

10. Usual occupation

Druggist

11. Industry or business

12. Name: Handley

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

14. Maiden name: James Handley

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

16. (a) Informant: Mrs Robert Handley

(b) Address: Edgerton Mo

17. (a) Burial (b) Date thereof: (Month) (Day) (Year)

(c) Place: burial or cremation Edgerton Mo

18. (a) Signature of funeral director: W. L. Handley

(b) Address: Platteburg Mo

19. (a) Feb 1, 1943 (b) Mrs Clay B. Hoffer (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 28 year 1942 hour 3 minute 5 P. M.

21. I hereby certify that I attended the deceased from Jan 6 1933 to Jan 28 1942
that I last saw him alive on Jan 26 and that death occurred on the date and hour stated above.

Immediate cause of death: Cholecystitis

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: Walter S. Hook (M. D. or other) Address: Edgerton Missouri Date signed: 2/29/42

RECEIVED

District Health Officer No. *Platte*

District File Number *242-16*

Date Filed *2-3-42*

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

James L. Martin
working under my personal supervision.

Registered Apprentice No.

Signed

Licensed Embalmer No. *860*

P. O. Address *Platteburg, 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.