

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 10 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 12278

Registration District No. 876

Primary Registration District No. 6154

Registrar's No.

1. PLACE OF DEATH:

- (a) County Vernon
(b) City or town Rural Metz Twp
(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 65 Years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Mary E. Handly

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife C.E. Handly 6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased June 13 1876
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 8 27 hr. min.

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

10. Usual occupation At Home

11. Industry or business - None

12. Name Alexander Catherwood
13. Birthplace Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Virginia Wray
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant C.E. Handly
(b) Address Rich Hill Mo. R.F.D.
17. (a) Burial (b) Date thereof Mar 12 42
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation Proyer Creek
18. (a) Signature of funeral director Pond & Ready
(b) Address Rich Hill Mo.
19. Mar 15 (b) H. L. Charles
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 10
year 1942 hour 5:00 minute 0 A.M.

21. I hereby certify that I attended the deceased from March 10 1942 to Mar 10 1942
that I last saw her alive on Mar 10 1942
and that death occurred on the date and hour stated above.

- Immediate cause of death
Melastotic Carcinoma
to Breast & Lung
Due to Carcinoma of Breast
Due to that had been removed previously
Other conditions
(Include pregnancy within 3 months of death)
III
Major findings:
Of operations 50
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?

- Write at work? (Specify type of place) (e) Means of injury
23. Signature Rich Hill Mo. (M.D. or other) M.D.
Address Rich Hill Mo. Date signed 3/11/42

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 7;

District File Number 4-42-349

Date Filed 4-8-42

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 by *me*

Registered Apprentice No.

working under my personal supervision.

Signed

John R. Reasley

Licensed Embalmer No.

2730

P. O. Address

Rich Hill 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.