S. No. 2
—1-4-41
5-17-39
PI X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 20 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 13752

Registration District No. 73 — Primary Registration District No. 3006 — Registrar's No. 32

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Columbia (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Ellis Fischel State Cancer Hosp (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14 days (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wright 114
(c) City or town Mansfield (If outside city or town limits, write "RURAL") 0
(d) Street No. — (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country /

3. (a) PRINT FULL NAME Handy, Robert L.

3. (b) If veteran, name war —

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mamie Handy

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

7. Birth date of deceased Oct. (Month) 15 (Day) 1863 (Year)

8. AGE: Years 78 Months 5 Days 18 If less than one day ..... hr. ..... min.

9. Birthplace Green County (City, town, or county) Kentucky (State or foreign country)

10. Usual occupation Day Laborer

11. Industry or business —

FATHER
12. Name Thomas Handy
13. Birthplace ..... (City, town, or county) Virginia (State or foreign country)

MOTHER
14. Maiden name Louise Jane Taylor
15. Birthplace ..... (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant Patient
(b) Address Mansfield, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof ..... (Month) (Day) (Year)
(c) Place: burial or cremation Mansfield

18. (a) Signature of funeral director F. A. Stiffe
(b) Address Mansfield Mo.

19. (a) 4-3-42 (Date received local registrar) (b) Edna H. Barbe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 3 year 1942 hour 2:45 minute P.M.

21. I hereby certify that I attended the deceased from 3-20, 1942 to 4-3, 1942 that I last saw him alive on 4-3, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Rupture of Basilic artery c̄ extravasation of blood	2 da
Due to Arteriosclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death) Ca Tongue c̄ Neck metastis	4 mo

Major findings:
Of operations
Of autopsy Basilar Hemmorhage

456

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? (Specify type of place)
While at work? (e) Means of injury D

23. Signature Gene B. Rankoff M.D. (M. D. or other)
Address E. Fischel State Ca Hosp Date signed 4/3/42

(Licensed Embalmer's Statement on Reverse Side)

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 F. A. Steffe

Licensed Embalmer No. 3221

P. O. Address Mansfield Me

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.