

FILED JUN 10 1942
Registration District No. 10688

Primary Registration District No. 3033

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Pike
(b) City or town Louisiana Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Pike Co Hospital
(If not in hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution 8 months (Specify whether
In this community 8 months years, months or days)

3. (a) PRINT FULL NAME AGNES Scharlene Handley

3. (b) If veteran, name war no 3. (c) Social Security No. 496-059078

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife William J Handley 6. (c) Age of husband or wife if alive 33 years
7. Birth date of deceased Oct 29 - 1916
(Month) (Day) (Year)

8. AGE: Years 25 Months 6 Days 18 If less than one day hr. min.

9. Birthplace Brookfield Mo (City, town, or country) (State or foreign country)

10. Usual occupation Freelance

11. Industry or business Brown Shoe Co

12. Name Fred Stannard

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

14. Maiden name Clara O'Reilly

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

16. (a) Informant Wm J Handley

(b) Address Louisiana Mo

17. (a) Burial (b) Date thereof May 9 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brookfield Mo

18. (a) Signature of funeral director F. Stannard

(b) Address Louisiana Mo

19. (a) 5/17/42 (b) F. Stannard
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 0
(c) City or town Brookfield (If outside city or town limits, write "RURAL")
(d) Street No. 201 N Penn (If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17 year 1942 hour 4 minute 50A M.

21. I hereby certify that I attended the deceased from May 16 42 to May 17 1942
that I last saw him alive on 5-17-42 and that death occurred on the date and hour stated above.

Immediate cause of death uterine hemorrhage
Due to placenta previa
Due to _____

Other conditions Pregnancy 6 1/2 mo.
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none
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) none
(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 1 no (Specify type of place) (e) Years of injury --
23. Signature [Signature] (M. D. or other)
Address Louisiana Mo Date signed 5/17-42

RECEIVED

District Health Officer No. 10

District File Number 6-42-1226

Date Filed JUN - 9, 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.....

George O. Wagner
....., Registered Apprentice No.
working under my personal supervision.

Signed

George O. Wagner
Licensed Embalmer No. 377B

P. O. Address Louisiana, 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.