

No. 2
1-4-41
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

24492

State File No.

FILED AUG 10 1942

Registration District No. 398

Primary Registration District No. 3019

Registrar's No. 201

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

1. PLACE OF DEATH:

(a) County **JACKSON**

(b) City or town **INDEPENDENCE** (City, town, or county)

(c) Name of hospital or institution: **INDEPENDENCE SANITARIUM & HOSPITAL** (If not in hospital or institution, write street number or location)

(d) Length of stay: **3 DAYS** (Specify whether in hospital or institution)

In this community **51 YEARS** (Specify whether years, months or days)

3. (a) PRINT **WILLIAM O. HANDS**
FULL NAME

3. (b) If veteran, name war **NO**

3. (c) Social Security No. **NO**

4. Sex **MALE**

5. Color or race **WHITE**

6. (a) Single, widowed, married, divorced **MARRIED**

6. (b) Name of husband or wife **EMMA HANDS**

6. (c) Age of husband or wife if alive **65** years

7. Birth date of deceased **5 22 1870** (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	72	2	0	hr. min.

9. Birthplace **FAYETTE CITY PENN** (City, town, or county) (State or foreign country)

10. Usual occupation **CIVIL ENGINEER**

11. Industry or business **HANDS SURVEYING CO.**

MOTHER FATHER

12. Name **JOHN A. HANDS**

13. Birthplace **NO RECORD ENGLAND** (City, town, or county) (State or foreign country)

14. Maiden name **MARGARET HIGINBOTHAM**

15. Birthplace **NO RECORD NO RECORD** (City, town, or county) (State or foreign country)

16. (a) Informant **Flora M. Hands**

(b) Address **2908 E. 33rd St. K. C. MO.**

17. (a) **BURIAL** (Burial, cremation, or removal)

(b) Date thereof **7 - 24 - 42** (Month) (Day) (Year)

(c) Place: burial or cremation **MOUND GROVE CEMETERY**

18. (a) Signature of funeral director **James H. Cross**

(b) Address **815 W. MAPLE AVE. INDEPENDENCE, MO.**

19. (a) **7-24-42** (Date received local registrar)

(b) **James H. Cross** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **JACKSON**

(c) City or town **KANSAS CITY** (If outside city or town limits, write "RURAL")

(d) Street No. **4517 GILLIAM ROAD** (If rural, give location)

(e) Citizen of foreign country? **NO** (Yes or No)

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **7** day **22** year **1942** hour **6** minute **27** A. M.

21. I hereby certify that I attended the deceased from **11, 1940** to **July 22, 1942** that I last saw him alive on **July 21, 1942** and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thrombosis**

Due to **Coronary Sclerosis**

Other conditions (Include pregnancy within 3 months of death) **94a**

Major findings: Of operations **X**

Of autopsy **X**

PHYSICIAN **X**

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) **X**

(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 **Dr. G. G. Gutzke** (M. D. or other)

Address **Independence, Mo.** Date signed **7/22/42**

OCT 9 1942

OCT 21 1942

OCT 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.....

Licensed Embalmer No.

P. O. Address.....

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.