V. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 21 19[illegible]

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30619

Registration District No. 160 Primary Registration District No. 5593 Registrar's No. 67

1. PLACE OF DEATH:

(a) County: Jefferson
(b) City or town: Rural - Platlin
(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 ..... (Specify whether years, months or days) In this community .....

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Reynolds 90
(c) City or town: Piedmont 0
(If outside city or town limits, write "RURAL")
(d) Street No. ..... (If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country: /

3. (a) PRINT FULL NAME: Chester William Ralph Handy
3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: April (Month) 19 (Day) 1924 (Year)
8. AGE: Years 18 Months 4 Days 1 If less than one day ..... hr. ..... min.
9. Birthplace: Reynolds Co. (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation: Trucker
11. Industry or business .....

MOTHER FATHER
12. Name: Wallace N. Handy
13. Birthplace: Mo. (City, town, or county) 0 (State or foreign country)
14. Maiden name: Ora Ethel Allen
15. Birthplace: Wayne Co. (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant: Mrs Wallace Handy
(b) Address: Piedmont Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8-20-42 (Month) (Day) (Year)
(c) Place: burial or cremation: Wayne Co. Mo.
18. (a) Signature of funeral director: Wm Coder
(b) Address: Piedmont Mo.
19. (a) Aug 19, 1942 (Date received local registrar) (b) H. L. O'Neary (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 19 year 1942 hour 12 minute 15 A.M.
21. I hereby certify that I ~~attended the deceased from~~ held an inquest Aug. 19, 1942, to ....., 19.....; that I last saw h..... alive on ....., 19.....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: burns suffered in truck wreck	
Due to:	
Due to: 170C-	1
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: 27	
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): 050
(b) Date of occurrence .....
(c) Where did injury occur? On highway (City or town) Jefferson (County) Mo. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? On public highway (Specify type of place)
While at work? yes (e) Means of injury: burns
23. Signature: Forrest W. Welch, M.D., Coroner
Address: Crystal City, Mo. Date signed 8/19/42.

(Licensed Embalmer's Statement on Reverse Side)

#8

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 Coder Funeral Home Registered Apprentice No. , working under my personal supervision.

Signed William Coder

Licensed Embalmer No. 3723

P. O. Address Piedmont, 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.