S. No. 2
M—5-42
17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 21767

FILED JUL 10 1943

Registration District No. 173

Primary Registration District No. 5643

Registrar's No. 12

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

1. PLACE OF DEATH:

(a) County LAFAYETTE

(b) City or town CONCORDIA Mo FREEDOM 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
In this community ALL HER LIFE (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 54

(a) State MISSOURI (b) County LAFAYETTE O

(c) City or town CONCORDIA Mo RURAL O
(If outside city or town limits, write "RURAL")

(d) Street No. 7 MI SOUTH & WEST CONCORDIA Mo
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country O

3. (a) PRINT FULL NAME JIMMIE ANN HANDLY

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex FEMALE | 5. Color or race WHITE | 6. (a) Single, widowed, married, divorced WIDOW

6. (b) Name of husband or wife

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

7. Birth date of deceased SEPT (Month) 23 (Day) 1861 (Year)

8. AGE: Years 81 | Months 8 | Days 14 | If less than one day hr. min.

9. Birthplace JOHNSON COUNTY MO
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business

MOTHER FATHER

12. Name JAMES PARKER

13. Birthplace STATE OF VIRGINIA /
(City, town, or county) (State or foreign country)

MOTHER

14. Maiden name BETTY ALKIRE

15. Birthplace STATE OF VIRGINIA /
(City, town, or county) (State or foreign country)

16. (a) Informant ELSIE HANDLY

(b) Address ST LOUIS MO.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JUNE 7 1943 (Month) (Day) (Year)

(c) Place: burial or cremation ZION HILL

18. (a) Signature of funeral director E.S. JAMES

(b) Address CONCORDIA MO.

19. (a) June 9-1943 (Date received local registrar) (b) Mrs Walta Walkenhorst (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 7
year 1943 hour 6 minute 30 A M.

21. I hereby certify that I attended the deceased from April 20 1943 to June 7 1943
that I last saw h[illegible] alive on June 2 1943
and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Coronary thrombosis 7 days
Due to Infection on leg 6 days

Due to

Other conditions None
(Include pregnancy within 3 months of death)

Major findings:
Of operations

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)

(b) Date of occurrence 054

(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 ✓

23. Signature O. K. Johnston (M. D. or other)

Address Concordia Date signed 6-7-43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 7-8-43

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 E. S. James

Licensed Embalmer No. 2058

P. O. Address Grundia 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.

S. No. 2B
2M—5-43
I X36930

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 44

Registration District No. 173 Primary Registration District No. 5643 Registrar's No. 12

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

SUPPLEMENTARY

1. PLACE OF DEATH:
(a) County Lafayette
(b) City or town Rural (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
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Lafayette
(c) City or town Rural (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 Jimmy A Hendly
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced wid
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept 23 1861 (Month) (Day) (Year)
8. AGE: Years 81 Months 8 Days If less than one day hr. min.
9. Birthplace Mo (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER 12. Name
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day
year 1943 hour minute M.
21. I hereby certify that I attended the deceased from , 19 , 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 Coronary thrombosis
Due to Infection in leg 6 wks
Due to
Other conditions
(Include pregnancy within 3 months of death)
1950
Major findings:
Of operations 99
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) accident
(b) Date of occurrence 4-26-43
(c) Where did injury occur? On farm at home (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
On farm. Barn door blew shut bruising leg while putting cattle in barn
While at work? (e) Means of injury
23. Signature E. L. Johnston (M. D. or other)
Address Concordia Date signed 7-13-43

S-21767