N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FILED SEP 13 1943

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

29455
Do not use this space.

1. PLACE OF DEATH
(a) County Saline — Registration District No. ~~790~~ 324
(b) Township Marshall — Primary Registration District No. ~~6039~~ 3072 — Registered No. 158
(c) City ..... (d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 27 yrs. 3 mos. 19 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME William Ward Handy
(a) Residence, No. Kansas City, Missouri St. ☐
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 5th., 1908
7. AGE: YEARS 35 — MONTHS 7 — DAYS 30 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Springfield Missouri

FATHER
13. NAME Thomas J. Handy
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Christian County Missouri

MOTHER
15. MAIDEN NAME Della Saint Clair
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Christian County Missouri

17. INFORMANT (ADDRESS) Missouri State School Records Marshall Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Clinical Dept. DATE Aug 6 1943 Columbia, Mo.
19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. Leslie Sussex Marshall, Mo.
20. FILED 8/6 1943 Mrs T. O. Westbrook Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 4, 1943
22. I HEREBY CERTIFY, That I attended deceased from August 15, 1941, to August 4, 1943
I last saw him alive on July 31, 1943. Death is said to have occurred on the date stated above, at 11.15 PM
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1916

Other contributory causes of importance: Low Grade Idiot

93d

Name of operation ..... Date of .....
What test confirmed diagnosis? Examination Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Rubin Romaine Borwick, M. D.
(Address) Missouri State School, Marshall, Missouri

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8
District File Number 9-10-43
Date Filed

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 J. Leslie Surrey

Licensed Embalmer No. 3235

P. O. Address Marshall, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.