

Registration District No.

77

Primary Registration District No.

3016

Registrar's No.

159

1. PLACE OF DEATH:

(a) County Cole
(b) City or town Jefferson City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
110 West Miller Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 60 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME James L. Handley

3. (b) If veteran, name war. 0 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced. Married
6. (b) Name of husband or wife Carrie Gipfert 6. (c) Age of husband or wife if alive. 65 years
7. Birth date of deceased June 25 1873
(Month) (Day) (Year)

8. AGE: Years 71 Months 7 Days 11 If less than one day hr. min.

9. Birthplace Cole County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Bldg Contractor

11. Industry or business

12. Name Thomas Handley
13. Birthplace Va
(City, town, or county) (State or foreign country)
14. Maiden name Mary Gordon
15. Birthplace Cole County, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Roy Handley
(b) Address Jefferson City, Missouri
17. (a) Burial (b) Date thereof July 9 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation River View Cemetery
18. (a) Signature of funeral director W. J. Gordon
(b) Address Jefferson City, Missouri
19. (a) 7-7-44 (b) Thomas Richter
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole
(c) City or town Jefferson City
(If outside city or town limits, write "RURAL")
(d) Street No. 110 West Miller Street
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country. U

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 6
year 44 hour 7:00 minute PM M.

21. I hereby certify that I attended the deceased from 5/15/44 to 7/6/44
that I last saw him alive on 6/30/44 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary heart disease Duration 2 mo

Due to

Due to

Other conditions.
(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
(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 Thomas Richter (M. D. or other)
Address Jefferson City, Mo Date signed 7/7/44

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 2 1944

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 7-20-44

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.....

Terad P. Dulle

Licensed Embalmer No.....

3890

P. O. Address.....

Jeff City 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.