V. S. No. 2
00M—5-43
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 3 1944

Registration District No. 280

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4423

State File No. 25485

Registrar's No. 36

1. PLACE OF DEATH:
(a) County Platte
(b) City or town Weston
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no (Specify whether years, months or days)
In this community Two years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Platte
(c) City or town Weston (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Joseph William Handy
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 Lilly M. Ross
6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased May (Month) 2 (Day) 1871 (Year)
8. AGE: Years 73 Months 2 Days 11 If less than one day hr. min.
9. Birthplace Cameron (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Retired Goverment Clerk
11. Industry or business
12. FATHER Name Joseph Handy
13. FATHER Birthplace xx (City, town, or county) Kentucky (State or foreign country)
14. MOTHER Maiden name Mary
15. MOTHER Birthplace xx (City, town, or county) Kentucky (State or foreign country)
16. (a) Informant Mrs. J. W. Handy
(b) Address Weston, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 17-44 (Month) (Day) (Year)
(c) Place: burial or cremation Pleasant Ridge Cem
18. (a) Signature of funeral director Vaughn Funeral Home
(b) Address Weston, Missouri
19. (a) 7-16-44 (Date received local registrar) (b) McClay Siffee (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 14 year 1944 hour 5 Pm minute xxx M.
21. I hereby certify that I attended the deceased from March 15, 1944 to July 14, 1944, that I last saw him alive on July 14, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of bladder — Duration

Due to XXXXX

Due to XXXXXX

Other conditions Parkinsons disease or paralysis agitans
(Include pregnancy within 3 months of death)

Major findings:
Of operations none performed
Of autopsy Thickened bladder wall carcinomatous in character

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) XXXX
(b) Date of occurrence XXXXX
(c) Where did injury occur? XXXX (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? XXXXX (Specify type of place)
While at work? XXXXX (e) Means of injury
23. Signature Louis C. Calvert (M. D. or other)
Address Weston Missouri Date signed 7/16/44

(Licensed Embalmer's Statement on Reverse Side)

1209

RECEIVED
District Health Officer No.
District File Number
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 W. R. Vaughn

Licensed Embalmer No. 4023

P. O. Address Weston, 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.