No. 2
8-43
5-17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 38418

FILED NOV 28 1944
Registration District No. 2 3047

Primary Registration District No. 3047

Registrar's No. 101

1. PLACE OF DEATH:

(a) County Newton

(b) City or town Neosho
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 112 East Spring
(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 Newton 73

(c) City or town Neosho
(If outside city or town limits, write "RURAL")

(d) Street No. 112 East Spring
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME OLA M HANDLEY

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Tom Handley

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

7. Birth date of deceased July (Month) 11 (Day) 1881 (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 16
year 1944 hour 7 minute 30 A M.

21. I hereby certify that I attended the deceased from July 10 to Oct 16 1944
that I last saw her alive on Oct 16 1944
and that death occurred on the date and hour stated above.

8. AGE: Years	Months	Days	If less than one day
63	3	5	hr. _____ min.

	Duration
Immediate cause of death: Cerebral Hemorrhage	
Due to:	
Due to: 830	
Other conditions (Include pregnancy within 3 months of death):	

9. Birthplace Ohio 1 (City, town, or county) (State or foreign country)

10. Usual occupation Beauty Parlor Operator

11. Industry or business _____

FATHER
12. Name Parley Jones
13. Birthplace Ohio 1 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizabeth Evans
15. Birthplace Ohio 1 (City, town, or county) (State or foreign country)

16. (a) Informant Robert Handley
(b) Address Neosho Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-18-44 (Month) (Day) (Year)

(c) Place: burial or cremation IOOF Cemetery

18. (a) Signature of funeral director J E Bingham
(b) Address Neosho Mo

19. (a) 11-1-1944 (Date received local registrar) (b) Carey Thompson (Registrar's signature)

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) no

(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 C E Waggoner (M. D. or other) MD

Address Box 86 Neosho Mo. Date signed 10/31/44

1110

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED NOV 21 1944
District Health Officer No.
District File Number 1944-231
Date Filed NOV 21 1944

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 .....

Licensed Embalmer No. 7689

P. O. Address .....

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.