

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

5869

State File No.

FILED MAR 12 1945

Registration District No. 15

Primary Registration District No. 3014

Registrar's No. 26

1. PLACE OF DEATH:

(a) County CLAY
 (b) City or town LIBERTY
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
610 So LEONARD
 (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)

3. (a) PRINT FULL NAME MRS. NARCIE HANDLEY

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex Fe 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced

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

7. Birth date of deceased. Feb 23 1873
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 0 4 hr. min.

9. Birthplace Coffey Mo O
 (City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business

12. Name Tolbert HIGGINS

13. Birthplace JAMESPORT Mo O
 (City, town, or county) (State or foreign country)

14. Maiden name MENMILLIAN WARREN

15. Birthplace Mo O
 (City, town, or county) (State or foreign country)

16. (a) Informant Ethel Handley

(b) Address 610 So Leonard Liberty

17. (a) Burial (b) Date thereof Mar 1 1945
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill - R.C. Mo

18. (a) Signature of funeral director OW Newcomer

(b) Address 1401 Brush Creek R.O. Mo

19. (a) Feb. 27 1945 (b) Helen Early
 (Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CLAY
 (c) City or town Liberty
 (If outside city or town limits, write "RURAL")
 (d) Street No. 610 So LEONARD
 (If rural, give location)
 (e) Citizen of foreign country? (Yes or No)
 If yes, name country. 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 27
 year 1945 hour 12 minute 10 P. M.

21. I hereby certify that I attended the deceased from Feb 14 1945 to Feb 27 1945
 that I last saw her alive on Feb 27 1945
 and that death occurred on the date and hour stated above.

Immediate cause of death. Duration

Thromboplegia left Side Th

Due to General Atherosclerosis
+ Pernicious Anemia 5yr.

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 (c) Means of injury

23. Signature Bryan Malley (M. D. or other) M.D.
 Address Liberty Mo Date signed 2-27-45

906

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER, FATHER

RECEIVED

District Health Officer No. 8,

District File Number.....

Filed.....

3-10-45

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.....

Emile M. Calhoun

Licensed Embalmer No.....3506

P. O. Address.....K-e 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.