S. No. 2
M—2-43
. 5-17-39
I X35637

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 12 1945

Registration District No. 208

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5764

State File No. 10182

Registrar's No. 45

1. PLACE OF DEATH:

(a) County Marion

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

(c) Name of hospital or institution: Monroe City R.F.D.4
(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 20 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion

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

(d) Street No. Monroe City R.F.D.4
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Benjamin Franklin Handley

3. (b) If veteran, name war None

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 Anna D.

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased February (Month) 17 (Day) 1873 (Year)

8. AGE: Years 71 Months 11 Days 13 If less than one day ..... hr. ..... min.

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

10. Usual occupation Farmer (Retired) 2 Years

11. Industry or business

FATHER
12. Name David C Handley
13. Birthplace ..... (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name Sarah Owen
15. Birthplace ..... (City, town, or county) Ohio (State or foreign country)

16. (a) Informant Deana Handley Gifford
(b) Address Normandy apts, Kansas City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/9/45 (Month) (Day) (Year)
(c) Place: burial or cremation St Judes Monroe City

18. (a) Signature of funeral director Nelson & Sons
(b) Address Monroe City, Mo

19. (a) 2/8/45 (Date received by local registrar) (b) Mrs Margaret Mudd (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 4 year 1945 hour 6 minute 15 A.M.

21. I hereby certify that I attended the deceased from 1/17, 1945, to 2/4, 1945; that I last saw him alive on 2/3, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral hemorrhage	16 days
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 F. N. Simmons (M. D. or other) D.O.
Address Monroe City, Mo. Date signed 2/5/45

(Licensed Embalmer's Statement on Reverse Side)

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 [illegible],

[illegible], Registered Apprentice No. [illegible],

working under my personal supervision.

Signed Leslie L. Wilson

Licensed Embalmer No. 3014

P. O. Address Monroe 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.