

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED MAY 11 1945**  
Registration District No. 155

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 12692  
Registrar's No. 48

Primary Registration District No. 3127

1. PLACE OF DEATH:

(a) County Jasper  
(b) City or town Webb City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution Jane Chinn Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 10 days  
(Specify whether  
In this community 64 years  
years, months or days)

3. (a) PRINT FULL NAME Charles W. Handley

3. (b) If veteran, name war no data  
3. (c) Social Security No. 500-01-6149

4. Sex Male  
5. Color or race W.  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Florence Handley  
6. (c) Age of husband or wife if alive years  
7. Birth date of deceased December 24 1880  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
64 3 28 hr. min.

9. Birthplace Council Grove, Kansas  
(City, town, or county) (State or foreign country)

10. Usual occupation Blacksmith

11. Industry or business

12. Name John Handley  
13. Birthplace Illinois  
(City, town, or county) (State or foreign country)  
14. Maiden name Elbby Burris  
15. Birthplace Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant Widow Florence Handley  
(b) Address 311 West Second Webb City, Mo.  
17. (a) burial (b) Date thereof 4/27/45  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Mt. Hope

18. (a) Signature of funeral director Hedge-Lewis Funeral Home  
(b) Address Webb City, Mo.

19. (a) Apr. 24, 1945 (b) Mrs. Jellie Lyle  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper  
(c) City or town Webb City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 311 West Second  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22  
year 1945 hour 8:45 minute A. M.

21. I hereby certify that I attended the deceased from did not attend, 19...  
that I last saw him alive on April 21, 1945, 19...  
and that death occurred on the date and hour stated above.

Immediate cause of death Auto accident on Madison St. Road. Just beyond the Campbell Road.  
Due to

Other conditions (Include pregnancy within 3 months of death)  
Fracture of femur  
Major findings:  
Of operations none  
Of autopsy none

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) Accident  
(b) Date of occurrence April 21, 1945  
(c) Where did injury occur Webb City, Jasper Co., Mo.  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

Signature W. D. Verbit (M.D. or other)  
Address 2114 1/2 1st Ave Date signed 4/24/45

(Licensed Embalmer's Statement on Reverse Side)

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

**STATEMENT BY LICENSED EMBALMER**

working under my personal supervision.

Registered Apprentice No

Signed \_\_\_\_\_

**Licensed Embalmer No**

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:**

5761-1-7-1945  
MAY 28 1945