No. 2
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X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 21 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33563

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4225

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3322 Wabash (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 25 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City (If outside city or town limits, write "RURAL")
(d) Street No. 3330 College (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Anna Jane Handley
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex Femal
5. Color or race white
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife John M Handley
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June 18 1855 (Month) (Day) (Year)
8. AGE: Years 91 Months 3 Days 18 If less than one day hr. min.
9. Birthplace La Fayette Co (City, town, or county) Mo (State or foreign country)
10. Usual occupation at home
11. Industry or business
FATHER 12. Name Samuel B. Benton
13. Birthplace (City, town, or county) Ky (State or foreign country)
MOTHER 14. Maiden name Elizabeth Major
15. Birthplace (City, town, or county) Mo (State or foreign country)
16. (a) Informant Mrs. Edgar B Harris
(b) Address 3330 College
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Oct-8-1946 (Month) (Day) (Year)
(c) Place: burial or cremation Higginsville Mo
18. (a) Signature of funeral director Mrs. C. L. Foster
(b) Address 914 Brooklyn
19. (a) 10-7-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 6 year 1946 hour 12 minute 30 P M.
21. I hereby certify that I attended the deceased from Sept 26, 1946, to Oct 6, 1946, that I last saw her alive on Sept 26, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death: Senility and malnutrition
Due to
Due to Refused to eat
Other conditions (Include pregnancy within 3 months of death) 1620
Major findings: Of operations
Of autopsy
Duration
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 Chas C Bruyler MD (M.D. or other)
Address 1232 Prof Bldg Date signed 10-7-46

(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 .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed ..... Licensed Embalmer No. .....

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.