

FILED DEC 24 1946

Registration District No. 170

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5627

State File No. 41134

Registrar's No.

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

1. PLACE OF DEATH:

(a) County LACLEDE
(b) City or town COMPETITION
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: _____ (Specify whether)
In this community 65 YRS. years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County LACLEDE 5-
(c) City or town COMPETITION
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

BERTHA HANDLEY

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F 5. Color or race W

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

6. (b) Name of husband or wife A. J. HANDLEY

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased MAR 26 1878
(Month) (Day) (Year)

8. AGE: Years 69 Months 8 Days 14
If less than one day hr. min.

9. Birthplace POWELL CO TENN
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WIFE

11. Industry or business _____

12. Name JOE BRACKETT

13. Birthplace MONROE CO TENN
(City, town, or county) (State or foreign country)

14. Maiden name MARIE HENRY HART

15. Birthplace MONROE CO TENN
(City, town, or county) (State or foreign country)

16. (a) Informant A. J. Handley

(b) Address COMPETITION MO

17. (a) BURIAL (b) Date thereof 12-15-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mrs BRIDE CEM.

18. (a) Signature of funeral director PALMERS

(b) Address LEBANON MO

19. (a) Dec 21, 1946 (b) Chas Frankelberger
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC day 10
year 1946 hour 5 minute P. M.

21. I hereby certify that I attended the deceased from 10-1- 1946 to 12-10- 1946;
that I last saw her alive on 11-30- 1946;
and that death occurred on the date and hour stated above.

Immediate cause of death arteriosclerosis

Duration (7)

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations A

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? _____

While at work? _____ (Specify type of place)
(e) Means of injury (1)

23. Signature R. E. Hanell (M. D. or other) M.D.

Address Lebanon Mo Date signed 12-13-46

Received 12/26/46
Laclede County Health Unit
File No. 12-46-180
Date Filed 12/26/46

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..... *Allyn Dethurges Hooker*
Licensed Embalmer No. *4333*
P. O. Address. *Lebanon 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.