

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

UNITED STATES OF AMERICA
STANDARD CERTIFICATE OF DEATH

State File No. **13475**

FILED MAY 12 1947

1963

Registration District No. **149**

Primary Registration District No. **1002**

Registrar's No.

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:
3515 FOREST AVENUE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **18 YEARS** (Specify whether years, months or days)
In this community **18 YEARS**

3. (a) PRINT FULL NAME **MRS. KATE SINGULAR HANDLY**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **NONE**

4. Sex **FEMALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **WIDOWED**

6. (b) Name of husband or wife **MR. EUGENE S. HANDLY** 6. (c) Age of husband or wife if alive **12** years

7. Birth date of deceased **MAY 12 1872**
(Month) (Day) (Year)

8. AGE: Years **74** Months **11** Days **18** If less than one day hr. min.

9. Birthplace **LOWDEN COUNTY VIRGINIA**
(City, town, or county) (State or foreign country)

10. Usual occupation **AT HOME**

11. Industry or business

12. Name **ALFRED BELT**

13. Birthplace **VIRGINIA**
(City, town, or county) (State or foreign country)

14. Maiden name **MARY MILLS**

15. Birthplace **UNKNOWN**
(City, town, or county) (State or foreign country)

16. (a) Informant **MRS. MARY E. LINTON**

(b) Address **4524 IRACY AVENUE**

17. (a) **BURIAL** (b) Date thereof **MAY 2 1947**
(Burial, cremation, or removal) (City, town, or county) (State or foreign country) (Year)

(c) Place: burial or cremation **4 1/2 AM. N.W. BLUE SPRINGS MO.**

18. (a) Signature of funeral director **D. H. Newcomer**

(b) Address **1401 BRUSH GREEN BLVD.**

19. (a) **5-2-47** (b) **Sheradine Holmes**
(Date received local registrar) (Registrar's signature)

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. **3515 FOREST AVENUE**
(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 **30th**
year **1947** hour **6** minute **04** M.

21. I hereby certify that I attended the deceased from **2**, 19**47**, to **30**, 19**47**.

that I last saw him alive on **2**, 19**47**, and that death occurred on the date and hour stated above.

Immediate cause of death **Reputy Coroner** Duration

Coronary Sclerosis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: **93 d**

Of operations

Of autopsy **History & inspection**

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

23. Signature **A. E. Upoker** (M. or F.) **M.**

Address **2800 Main** Date dictated **5/2/47**

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.....

Melvin Miller

Licensed Embalmer No. *4407*

P. O. Address.....

Kansas City 3 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.