

3. No. 2
-12-45
5-17-39
P X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21741

State File No. _____

FILED JUL 15 1947

Registration District No. 245

Primary Registration District No. 3047

Registrar's No. 60

1. PLACE OF DEATH:

(a) County Newton

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

(c) Name of hospital or institution:
Sale Memorial Hospital
(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
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton

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

(d) Street No. 614 Joplin Street
(If rural, give location)

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

3. (a) PRINT FULL NAME Robert M. Handley

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5 year 1947 hour _____ minute 30 P.

21. I hereby certify that I attended the deceased from June 24, 1947, to July 5, 1947; that I last saw him in alive on July 5, 1947; and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Maggie Handley

6. (c) Age of husband or wife if alive 28 years

7. Birth date of deceased Dec. 25 1905
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>41</u>	<u>6</u>	<u>10</u>	hr. _____ min. _____

Immediate cause of death Myocarditis with Coronary atherosclerosis

Due to Pericarditis

Due to _____

Duration _____

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

10. Usual occupation Victory Cab Co.

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

MOTHER FATHER

11. Industry or business _____

12. Name Thomas Jefferson Handley

13. Birthplace Parsons, Kansas
(City, town, or county) (State or foreign country)

14. Maiden name Ala Jane Evans

15. Birthplace Unknown Missouri
(City, town, or county) (State or foreign country)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Robert M. Handley

(b) Address 614 Joplin St. Neosho

17. (a) Burial (b) Date thereof 7-8-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation I.C.O.F. Cemetery Bigham Mortuary

18. (a) Signature of funeral director _____

(b) Address 200 E. Spring, Neosho

19. (a) July 7, 1947 (b) Melvin C. Boorman
(Date received local registrar) (Registrar's signature)

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) (c) Means of injury

23. Signature F. F. Whitehead (M. D. or other) _____
Address Neosho Mo Date signed 7/9/47

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

RECEIVED

Health Officer No. Newton
District File Number 747-140
Date Filed 2-12-47

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 David E. Dillon
Licensed Embalmer No. 3898
P. O. Address Joplin, 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.