

Registration District No. 361 Primary Registration District No. 6228 Registrar's No.

1. PLACE OF DEATH:
(a) County Butas Yernon
(b) City or town Rural - Metz Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Route 1 - Hume
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 75 yrs. (Specify whether years, months or days)

3. (a) PRINT FULL NAME Allie Handly
3. (b) If veteran, name war. No. 3. (c) Social Security No.
4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced 2
6. (b) Name of husband or wife Robt M. Handly 6. (c) Age of husband or wife if alive 100 years
7. Birth date of deceased October 20 1864
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 11 27 hr. min.

9. Birthplace LANCASTER Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business

MOTHER FATHER { 12. Name Alfred Ditto 9
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name MARY Biggs 9
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Mary Brown
(b) Address Route 1, Hume Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-19-47
(Month) (Day) (Year)
(c) Place: burial or cremation Bethel Am. Church

18. (a) Signature of funeral director Rich Hill Mo
(b) Address 10/24/1947
19. (a) 10/24/1947 (Date received local registrar) (b) Outa Single (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Yernon 108
(c) City or town Rural - Metz Twp 0
(If outside city or town limits, write "RURAL")
(d) Street No. Route 2 - Rich Hill 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 16
year 1947 hour 4 minute 00 A M.
21. I hereby certify that I attended the deceased from June 1945 to Oct 16 1947
that I last saw him alive on Oct 14 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis (cardiac)
Due to Arteriosclerosis
Due to

Other conditions (Include pregnancy within 3 months of death) 13/A

Major findings: Of operations
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
23. Signature Rich Hill Mo (M. D. or other)
Address Rich Hill Mo Date signed 10/24/1947

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

RECEIVED
District Health Officer No. 7,
District No. 10-27-47
Date Filed 9-47-1269

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.....

Harold M. Long....., Registered Apprentice No. *410*
working under my personal supervision.

Signed

John S. Underwood
Licensed Embalmer No. *3585*
P. O. Address *Butler 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.