

FILED NOV 24 1947

Registration District No. 149

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County Jackson County
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Research Hospital
(If not in hospital or institution, write street number or location) 0
(d) Length of stay: In hospital or institution 5 weeks
In this community 5 weeks
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clinton **25**
(c) City or town Plattsburg **3**
(If outside city or town limits, write "RURAL") **0**
(d) Street No. X
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country No

3. (a) PRINT FULL NAME Mr. James W. Handley

3. (b) If veteran, name war NO 3. (c) Social Security No. NO

4. Sex Male 5. Color or race White
6. (a) Single widowed, married, divorced deceased
6. (b) Name of husband or wife Mancie Handley
6. (c) Age of husband or wife if alive Dec. years
7. Birth date of deceased January 13 1861
(Month) (Day) (Year)

8. AGE: Years 86 Months 9 Days 25 If less than one day hr. min.

9. Birthplace Clinton, County Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farm

MOTHER FATHER { 12. Name Marion Handley
13. Birthplace Kentucky
14. Maiden name Georgeann clay
15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Ral Handley

(b) Address Plattsburg, Missouri

17. (a) Burial (b) Date thereof 11-10-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director JAS. L. Martin Funeral Home
(b) Address Plattsburg, Missouri

19. (a) 11-8-47 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 8
1947 hour 3 minute 45 AM.

21. I hereby certify that I attended the deceased from Oct. 4, 1947, to Nov. 8, 1947;
that I last saw him alive on Nov. 8, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Pyelonephritis
Due to Prostatic Hypertrophy
Due to Senility
Other conditions Recent Transurethral
(Include pregnancy within 3 months death) Prostatic Reaction
Major findings: Prostatic Hypertrophy (Benign)
Of autopsy 1374

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?

18. (a) Signature of funeral director JAS. L. Martin Funeral Home
(b) Address Plattsburg, Missouri

23. Signature R. L. Hoffman (M. D. or dentist)
Address 1019 Professional Bldg Date signed 11/8/47

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.....

Gas L Martin

Licensed Embalmer No.

4303

P. O. Address.....

Plalbelweg 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.