

FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED JAN 20 1948 9

Registration District No.

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 1110
Registrar's No. 118

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. General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 2 days
(Specify whether years, months or days)
In this community. 40 yrs.

3. (a) PRINT FULL NAME William S. Handley

3. (b) If veteran, no name war. 3. (c) Social Security No. none

4. Sex. Male 5. Color or race. W
6. (a) Single, widowed, married, divorced. Married
6. (b) Name of husband or wife. Gertrude C. 6. (c) Age of husband or wife if alive. 73 years
7. Birth date of deceased. April 5 1870
(Month) (Day) (Year)

8. AGE: Years 77 Months 9 Days 0
If less than one day hr. min.

9. Birthplace. St. Joseph, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation. Retired Carpenter

11. Industry or business. Self

12. Name. Unknown

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

14. Maiden name. Unknown

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

16. (a) Informant. Mrs. H.A. Pickering

(b) Address. 5015 Budd Park Esplanade

17. (a) Burial (b) Date thereof. 1-8-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Green Lawn Cem.

18. (a) Signature of funeral director. C.H. Blackman & Son, Inc.

(b) Address. Kansas City, Mo.

19. (a) 1-9-48 (b) Geraldine 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. 5015 Budd Park Esplanade
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 5
year. 1948 hour 8 minute 45 A. M.

21. I hereby certify that I attended the deceased from Jan. 3, 1948, to Jan. 5, 1948
that I last saw him alive on Jan. 5, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death. Cerebrovascular accident

Due to.....
Due to.....

Other conditions. (include pregnancy within 3 months of death)

Major findings:
Of operations.

Of autops: None

PHYSICIAN

Underline the cause of 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?.....
(Specify type of place)
While at work? (e) Mean of injury.....

23. Signature Wm W. Hart (M. D. or other) Med
Address. Med. Dir. Gen'l Hosp Date signed 1-6-48

Be
In

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 O. K. McFarland

Licensed Embalmer No. 4397

P. O. Address Kansas City 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.