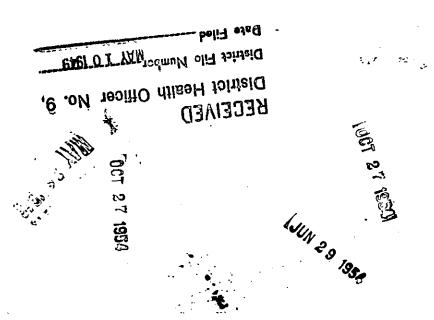
No.300 [THE DIVISION OF HEALTH OF MISSOURI 11904									
10.48	anch Mv	Taylor	STANDAR	D CERTIF	ICATE OF D	EATH	State Fi	le No.		
26	FILEU IVIA	1 11 1949	_ REG. DIST. NO.	77_	PRIMARY REG. DIS	sт. но. 5 г	303 Registra	sr's No. 112	,	
0	1. PLACE OF DE a. COUNTY	Cole	Sefferson	Sursh	II a STATE	ssouri	Vhere deceased lived b. COUNT	. If institution: residence before Cole	on).	
0	_OK	corporate limits, write R	township) 5	LENGTH OF AY (in the place)	c. CITY (If outside OR	corporate limits	offongon	0	_	
£	d. FULL NAME OF 11 not in bounded as industries, after street subtrees or location			d. STREET (If rural, give location)						
RECORD	INSTITUTION R.R.#1, Jefferson City,				Mo ADDRESS R.F.D.#1, Jefferson City, Mo					
- 2	3. NAME OF DECEASED	a. (First)	b. (M	iddle)	c. (Last)		4. DATE (M. OF	fonth) (Day) (Year)	_	
Ę	(Type or Print)	Rose	Ja	ne	Handl		DEATH IV	lay-2- 1949		
NE	Female/	6. COLOR OR RACE White	7. MARRIED, NEVEL WIDOWED, DIVO Marri	R MARRIED, RCED (Specify) Ad	8. DATE OF BIRTH		9. AGE (In years) last birthday)	Months Days Hours Mis		
PERMANENT	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR IN- DUSTRY		11. BIRTHPLACE (State or foreign of Camden County,		Mo O	12. CITIZEN OF WH. COUNTRY?	AT	
	13a. FATHER'S NAM		136. мотн	ER'S MAIDEN			E OF HUSBAND		_	
- 4	James B.	Gilbreth	Re	becca A	nn Maus	C	harles ĝ	Handlev		
MARE	15. WAS DECEASED EV		ORCES? 16. SOCIA	L SECURITY	17. INFORMAN	T'S SIGNA	TURE OR NAM	E ADDRESS	=	
XX	NO	If yee, give war or dates	Non		C.D.Handl	ev. Je	fferson	City, Mo		
	18. CAUSE OF DEATH MEDICAL CERTIFICATION INTERVAL BETWEEN									
INK	Enter only one cause per I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Conservation of the control of t								1	
li li		ANTECEDENT CA	IISES	00-				8	7	
LCK	*This does not mean the mode of dying, such Aforbid conditions, if any, giving DUE TO (b)									
BLA	as heart failure, asthenia. The to the above cause (6) staring							• • •	_	
#	ctc. It means the dis- case, injury, or complica- DUE TO (c)									
UNFADING	tion which caused death.		ICANT CONDITIONS	. 💮	-					
9		related to the diseas	uting to the death but n se or condition causing	to the death but not condition causing death. Our cause areas ye						
Ž.	19a. DATE OF OPERA- 19b. MAJOR FINDINGS OF OPERATION							20. AUTOPSY7	_	
ĥ	·	· · · · · · · · · · · · · · · · · · ·					<u></u>	YES NO	_]	
USING	21a. ACCIDENT SUICIDE HOMICIDE		tb. PLACE OF INJURY		21c. (CITY, TOWN, C	OR TOWNSHIP) (COU	443X	_	
S D	21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? OF WHILEAT NOT WHILE TO NOT WHILE T							•		
	INJURY	·	m. WORK	AT WORK		M	•			
- E	22. I hereby certify that I attended the deceased from 1940, to 25, 1944, that I last saw the deceased									
9	alive on May 3, 19 44, and that death occurred at 2.00 fm., from the causes and on the date stated above.									
PLAINLY	23 SIGNATURE	0.00	2 Pa (D	egree or title)	23b. ADDRESS	גוי אל	. Cet	23c. DATE SIGNED	ζ	
Ë	24a. BURIAL, CREM	A- 24b. DATE	(24c. NAME	OF CEMETER	Y OR CREMATORY		TION (City, town,		<u> </u>	
WRITE	TION, REMOVAL (8)	May-4-1	949 Riv	er Viev	, cemetery	r Je	fferson	City, Mo		
-	ADDRESS MO	_								
	May 4-49	CA (P.A)	erra (No	TUK 9	Dorp 9	10.00p	effersor	n City, Mo	, ^	
	U 0		(Licensed	Embalmer's 5	tatement on Resorae	Stde) '	•	/		



STATEMENT BY LICENSED EMBALMER

¥*	_	
I hereby certify that the body whose name is recorded on the reverse sic	ide of this sertificate was embalmed by me or by	
I never the century that the body whose name is recorded on the feverse significant	ide of this certificate was entrainted by me, or by-	
	1	

working under my personal supervision.

upervision.

Licensed Embalmer No. 1786

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.