

BIRTH NO. _____ REG. DIST. NO. 23 PRIMARY REG. DIST. NO. 4133 Registrar's No. 78

1. PLACE OF DEATH
 a. COUNTY Clay
 b. CITY (If outside corporate limits, write RURAL and give township) Kearney
 c. LENGTH OF STAY (in this place)
 d. FULL NAME OF HOSPITAL OR INSTITUTION

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE Mo b. COUNTY Clay
 c. CITY (If outside corporate limits, write RURAL and give township) Kearney
 d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED
 a. (First) HESTER b. (Middle) MATILDA c. (Last) HANDY
 4. DATE OF DEATH (Month) (Day) (Year) Oct 30-1950

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH Dec 11-1872 9. AGE (in years last birthday) 77

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife 10b. KIND OF BUSINESS OR INDUSTRY House work 11. BIRTHPLACE (State or foreign country) Canton Ill 12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME Jonathan Johnson 13b. MOTHER'S MAIDEN NAME Elizabeth Barrett 14. NAME OF HUSBAND OR WIFE Oscar ³⁵³⁹ Swankell Dallas Tex.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. None 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Otto C. Horsted

18. CAUSE OF DEATH
 Enter only one cause per line for (a), (b), and (c)
 *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pyloric obstruction
 ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) Scarring secondary to chronic ulcer
 DUE TO (c)
 II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death.
 INTERVAL BETWEEN ONSET AND DEATH
2 wk
7 yr
545x

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1950, to 30 Oct, 1950, that I last saw the deceased alive on 30 Oct, 1950, and that death occurred at 7:15 A m., from the causes and on the date stated above.

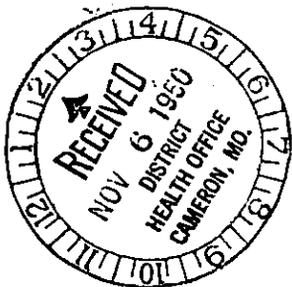
23a. SIGNATURE (Degree or title) A. Melaterman, M.D. 23b. ADDRESS Liberty Mo 23c. DATE SIGNED 31 Oct 50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Oct 31-50 24c. NAME OF CEMETERY OR CREMATORY Antech 24d. LOCATION (City, town, or county) (State) Near Holt MO

DATE REC'D BY LOCAL REG. Oct. 31-1950 REGISTRAR'S SIGNATURE Minnie Hughes 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Leonard Fry Kearney Mo

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

240
1



RECEIVED

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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Leonard J. Fry*.....

Licensed Embalmer No. *1677*.....

P. O. Address *Kearney 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.