

FILED OCT 18 1950

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 343991

830
3

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

BIRTH NO. _____ REG. DIST. NO. 280 PRIMARY REG. DIST. NO. 5964 Registrar's No. 28

1. PLACE OF DEATH a. COUNTY <i>Platte</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo.</i> b. COUNTY <i>Jackson.</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Parkville</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Kansas City</i> 3658	
c. LENGTH OF STAY (in this place) <i>0</i>		d. STREET ADDRESS (If rural, give location) <i>4040 Locust St.</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>1 mile. east. farm.</i>			
3. NAME OF DECEASED (Type or Print) a. (First) <i>Crawford</i> b. (Middle) <i>Harris</i> c. (Last) <i>Hand</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>Aug 13 1950</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Nov 26, 1912</i>
9. AGE (In years) (Months) (Days) <i>37 8 17</i>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Lumber Sales</i>		11. BIRTHPLACE (State or foreign country) <i>Windsor Mo</i>
10b. KIND OF BUSINESS OR INDUSTRY <i>hardwoods</i>	12. CITIZEN OF WHAT COUNTRY? <i>USA.</i>		
13a. FATHER'S NAME <i>James C. Hand</i>	13b. MOTHER'S MAIDEN NAME <i>Rulah Harris</i>	14. NAME OF HUSBAND OR WIFE <i>Marjorie B. Hand</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Norman Mueller 3301 Monroe St</i>	
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 <i>Fell in a aeroplane & lost</i> ANTECEDENT CAUSES <i>since Aug 13, 1950 Lodges & Plane burned.</i>		INTERVAL BETWEEN ONSET AND DEATH <i>8866</i>
	II. OTHER SIGNIFICANT CONDITIONS <i>was found Oct 9, 1950</i>		<i>37</i>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <i>Tom H. Newlett</i> (Degree or title) <i>Coroner</i>		23b. ADDRESS <i>Platte City Mo</i>	
23c. DATE SIGNED <i>Oct 9-1950</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>removal</i>	24b. DATE <i>Oct 10-1950</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Memorial Park</i>	24d. LOCATION (City, town, or county) (State) <i>Sedalia Mo</i>
DATE REC'D BY LOCAL REG. <i>Oct-11-50</i>	REGISTRAR'S SIGNATURE <i>Alphia Rollins</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Leland & Francis</i>	ADDRESS <i>Parkville Mo</i>



MAY 7 1951

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 nothing but a skeleton, was dry

was put in a bag
& direct. used.

Student Embalmer No.

Student
Student Embalmer

Signed Leland H. Francis

Licensed Embalmer No. 3451

P. O. Address Parkville, 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.