

FILED DEC 28 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **10605**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **5291**

|  |  |   |                                    |
|--|--|---|------------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Jackson</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b> |                                    |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <b>Kansas City</b> |  | c. LENGTH OF STAY (in this place)<br><b>55 yrs.</b>   | c. CITY OR TOWN <b>Kansas City</b> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1005 Vine</b>   |  | STREET ADDRESS (If rural, give location)<br><b>110 1005 Vine</b>  |                                    |

|                                     |                          |                      |                        |  |
|-------------------------------------|--------------------------|----------------------|------------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <b>BESSIE</b> | b. (Middle) <b>M</b> | c. (Last) <b>HANDY</b> | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>Dec. 3, 1955</b> |
|-------------------------------------|--------------------------|----------------------|------------------------|--|

|                      |                               |  |   |   |                                |                                 |
|----------------------|-------------------------------|--|---|---|--------------------------------|---------------------------------|
| 5. SEX <b>Female</b> | 6. COLOR OR RACE <b>Negro</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Married</b> | 8. DATE OF BIRTH<br><b>Oct. 6, 1906</b> | 9. AGE (In years last birthday) <b>49</b> | IF UNDER 1 YEAR<br>Months Days | IF UNDER 24 HRS.<br>Hours Mins. |
|----------------------|-------------------------------|--|---|---|--------------------------------|---------------------------------|

|   |                                   |  |   |
|---|-----------------------------------|--|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Domestic work</b> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country)<br><b>Jonesboro, Ark.</b> | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b> |
|---|-----------------------------------|--|---|

|  |   |   |
|--|---|---|
| 13a. FATHER'S NAME<br><b>Lewis Armster</b> | 13b. MOTHER'S MAIDEN NAME<br><b>Martha Briggs</b> | 14. NAME OF HUSBAND OR WIFE<br><b>Albert S. Handy</b> |
|--|---|---|

|   |   |   |         |
|---|---|---|---------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b> | 16. SOCIAL SECURITY NO.<br><b>Unknown</b> | 17. INFORMANT'S SIGNATURE OR NAME<br><b>Albert S. Handy - 1005 Vine St.</b> | ADDRESS |
|---|---|---|---------|

|   |   |      |                                  |
|---|---|------|----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION   |      | INTERVAL BETWEEN ONSET AND DEATH |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>acute hemorrhagic enteritis</b>   |      |                                  |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>cirrhosis of liver</b> |      |                                  |
| DUE TO (c) <b>chronic myocarditis</b>   |   | 5810 |                                  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death<br><b>chronic interstitial nephritis</b>   |   |      |                                  |

|                        |                                  |   |
|------------------------|----------------------------------|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY?<br>YES <input checked="" type="checkbox"/> NO <input 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) (Min.) | 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<br><i>[Signature]</i><br><b>Deputy coroner</b> | (Degree or title) | 23b. ADDRESS<br><b>1618 Lydia Ave.</b> | 23c. DATE SIGNED<br><b>12/3/55</b> |
|---|-------------------|--|------------------------------------|

|  |                             |   |  |
|--|-----------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b> | 24b. DATE<br><b>12/7/55</b> | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Lincoln Cemetery</b> | 24d. LOCATION (City, town, or county) (State)<br><b>Kansas City, Mo.</b> |
|--|-----------------------------|---|--|

|  |   |  |                                 |
|--|---|--|---------------------------------|
| DATE REC'D BY LOCAL REG.<br><b>12-6-55</b> | REGISTRAR'S SIGNATURE<br><i>[Signature]</i><br><b>Neva Marshall</b> | 25. FUNERAL DIRECTOR'S SIGNATURE<br><i>[Signature]</i><br><b>E. Sterling Pulla</b> | ADDRESS<br><b>1212 Vine St.</b> |
|--|---|--|---------------------------------|

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

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.....  
Signature of Student Embalmer

Signed *E. Sterling Bills*

Licensed Embalmer No. 3178...

P. O. Address 1212 Vine St.,

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.