

June 3, 1949 - Kentucky Post

## Rites for Covington Suicide Victim Are Set

Services for Thomas F. Hendy, 43, of 1250 Parkway avenue, Covington, whose body was found hanging in a storage room near his home Thursday, will be held at 9:30 a. m. Saturday at the Allison and Rose funeral home, Covington. Burial will be in Forest Lawn Memorial Park, Erlanger.

Mrs. Tressa Riffe, Kenton county coroner, gave a verdict of suicide. She said the body was found in a storage room of the Quesnell Awning Co., 1294 Parkway avenue.

She said J. W. Quesnel, owner of the company and a friend of Mr. Hendy, found the victim hanging from a rafter.

Mr. Hendy was a salesman for the Cincinnati Venetian Blind Co. He was a member of Epworth Methodist Church, Covington.

He leaves his widow, Mrs. Lillian Dance Hendy; a daughter, Miss Janice Hendy, Cynthiana; two stepsons, Harold and Ray Prakes, and his parents, Mr. and Mrs. Fenton Hendy, all of Covington, and two grandchildren.

Handy, Thomas Fenton 1906 - 1949

Form V. B. 1-A		COMMONWEALTH OF KENTUCKY		State File No. <b>12323</b>	
FEDERAL SECURITY AGENCY U. S. PUBLIC HEALTH SERVICE NATIONAL OFFICE VITAL STATISTICS		Department of Health BUREAU OF VITAL STATISTICS		Registrar's No. <b>571</b>	
Registration District No. <b>790</b>		Primary Registration District No. <b>2290</b>			
<b>1. PLACE OF DEATH</b> a. COUNTY <b>Kenton</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <b>Ky.</b> b. COUNTY <b>Kenton</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Covington</b>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Covington</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION) <b>1250 Parkway Ave.</b>		d. STREET ADDRESS (If rural, give location) <b>1250 Parkway Ave.</b>			
<b>3. NAME OF DECEASED</b> (Type or Print) <b>Thomas Fenton Handy</b>		a. (First) <b>Thomas Fenton</b> b. (Middle) <b>Handy</b> c. (Last) <b>Handy</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>June 2 1949</b>	
5. SEX <b>M.</b>	6. COLOR OR RACE <b>W.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>1/8/1906</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if <b>Salesman</b> )		10b. KIND OF BUSINESS OR INDUSTRY <b>Cin. Ven. Blind</b>		9. AGE (In years last birthday) If Under 1 Year If Under 1 Year If Under 24 Mtn. <b>43</b>	
13. FATHER'S NAME <b>Fenton Handy</b>		11. BIRTHPLACE (State or foreign country) <b>Covington, Ky.</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY <b>268-18-4941</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
17. INFORMANT <b>Mrs. Lillian Handy (Wife)</b>		14. MOTHER'S MAIDEN NAME <b>Dora Nickell</b>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		<b>MEDICAL CERTIFICATION</b>			
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Strangulation</b>		INTERVAL BETWEEN ONSET AND DEATH			
2. ANTECEDENT CAUSES		DUE TO (b) <b>Suicide</b>			
3. OTHER SIGNIFICANT CONDITIONS		DUE TO (c) <b>Hanging</b>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>974X-164A</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) <b>Suicide</b>		21b. PLACE OF INJURY (a. e., in or about home, farm, factory, street, office, etc.) <b>Storage Room</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Covington, Kenton, Kentucky</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>6-2-49 9:30 A.M.</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Hanged himself with a rope.</b>	
22. I hereby certify that I attended the deceased from <b>9:30</b> 19 <b>49</b> to <b>10:30</b> 19 <b>49</b> , that I last saw the deceased alive on <b>6-2-49</b> , and that death occurred at <b>9:30 A.M.</b> , from the causes and on the date stated above.					
23a. DATE SIGNED <b>6-3-49</b>		23b. ADDRESS <b>Covington, Kentucky</b>		23c. SIGNATURE (Degree or title) <b>Lillian Handy - Coroner</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>6/4/49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Forest Lawn Cem.</b>	
24d. LOCATION (City, town, or county) (State) <b>Erlanger, Ky.</b>		25a. DATE REC'D BY LOCAL REG. <b>JUN 13 1949</b>		25b. REGISTRAR'S SIGNATURE <b>A. L. ...</b>	
25c. FUNERAL DIRECTOR <b>Allison &amp; Rose</b>		25d. ADDRESS <b>Covington, Ky.</b>			