

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D MAY 10 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

13043
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis

(b) Township St. Louis

(c) City St. Louis

(d) Street No. N. Du Re's Hospital St. (If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME William Henry Manis 520

(a) Residence, No. R.R. 4 St. NR Bolivar, Missouri (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MM

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lula May Stacy Manis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 18, 1887

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	<u>50</u>	<u>5</u>	<u>29</u>	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Feb 1, 1938

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pittsburg, Mo.

FATHER

13. NAME Henegar Manis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clinton, Tenn.

MOTHER

15. MAIDEN NAME Lerwanna Watlington

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clinton, Tenn.

17. INFORMANT Pearl Mullinix (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Bolivar, Mo DATE 4-19-38

19. FUNERAL DIRECTOR Hitchcock & Blue (ADDRESS) Bolivar, Mo

20. FILE APR 19 1938 Local Registrar J. J. Bredeck

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-17-38

22. I HEREBY CERTIFY, That I attended deceased from April 7, 1938, to 4/17, 1938

I last saw him alive on 4/17, 1938 Death is said to have occurred on the date stated above, at 5:50 p.m.

The principal cause of death and related causes of importance were as follows:

Tumor of Brain (Benign)!
1st & 2nd (Hacking tumor)

Date of onset

Other contributory causes of importance:
Debilitated, Rt. heart, caused by complete collapse of left lung non tubercular

Name of operation Crematory Date of 4-14-38

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) J. M. Klumpp M. D.
(Address) Bolivar, Mo

JUL 5 1955

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STATEMENT BY LICENSED EMBALMER

I, Therold Marshall, Licensed Embalmer No. 3519

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed Therold Marshall

Licensed Embalmer No. 3519

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.)