REC'D SEP 16 1938

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

29366
Do not use this space.

1. PLACE OF DEATH
(a) County Lewis
(b) Township ~~Canton~~
(c) City Canton
(d) Street No. ..... 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 14 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. 477
Primary Registration District No. 4286
Registered No. 53

2. PRINT FULL NAME George Manifold
(a) Residence, No. ..... St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

514

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
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: Alice Manifold
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept.3rd.1868
7. AGE: YEARS 69, MONTHS 11, DAYS 15. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Minister
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)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Rocester Stafford England
FATHER
13. NAME: Thomas Manifold
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Rocester Stafford England
MOTHER
15. MAIDEN NAME: Selina Frogget
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Rocester Stafford England
17. INFORMANT (ADDRESS): Mrs.Alice Manifold Canton,Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE: Valhalla Crematory DATE Aug.20th. 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS): A.A.Roberts La Grange,Mo.
20. FILED Aug.20 1938 H.W. Harris Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 18 1938
22. I HEREBY CERTIFY, That I attended deceased from Aug 2, 1938, to Aug 18, 1938
I last saw him alive on Aug 18, 1938. Death is said to have occurred on the date stated above, at 6 P.M.
The principal cause of death and related causes of importance were as follows:
Carcinoma of Right Kidney — Date of onset Dont Know
Other contributory causes of importance: 514
Name of operation None Date of
What test confirmed diagnosis? Examination Was there an autopsy? No
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? No
If so, specify
(Signed) H.W. Harris, M. D.
(Address) Canton Mo.
430

(Licensed Embalmer's Statement on Reverse Side)

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.

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RECEIVED
District Health Officer No. 10
District File Number 10-38-17
Date Filed 9-14-38

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 .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.