

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

38662  
 Do not use this space.

DEC 13 1938

**1. PLACE OF DEATH**

(a) County Buchanan Registration District No. 83  
 (b) Township 100 Primary Registration District No. 100  
 (c) City St. Joseph (d) Street No. 1205 July 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 50 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME** Annelle Hudson Manning

(a) Residence, No. 1205 July, St. Joseph, Mo. St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Harry Wallace Manning

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 16, 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
77 6 7

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
 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) Unknown Mississippi

FATHER 13. NAME John Fontaine Hudson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Georgia

MOTHER 15. MAIDEN NAME Mary Cornelia Lockhart

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Columbus Georgia

17. INFORMANT (ADDRESS) Dr. C. H. Cocke Asheville, North Carolina

18. BURIAL, CREMATION, OR REMOVAL PLACE Ashland Cemetery DATE Nov. 24, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Walter Meierhoff 1302 Faraon, St. Joseph, Mo.

20. FILED Nov 25 1938 W. H. Hestrich Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 23, 1938

22. Dec 1 HEREBY CERTIFY, That I attended deceased from 3:30 to Nov 23 1938  
 I last saw h...ER alive on Nov 23, 1938 Death is said to have occurred on the date stated above, at 6:46a m.

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

Cerebral Hemorrhage  
93 C  
 Other contributory causes of importance:  
Nephritis (Chronic)  
Arteriosclerosis

Date of onset Nov 21

Name of operation Chinoid Date of             
 What test confirmed diagnosis?            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) J. H. Allaman, M. D.  
 (Address) Central Bldg.

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.

APR 26 1965

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**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, .....

**Wilbur Kelly**

....., or by .....

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

Signed.....

*W. H. Kelly*

Licensed Embalmer No. **Mo. 3946**

P. O. Address **St. Joseph, Missouri.**

**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, above space should be left blank.**