REC'D JAN 6 1939

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

Do not use this space. 43505

1. PLACE OF DEATH 2
(a) County Jefferson Registration District No. 422
(b) Township Cerebral Primary Registration District No. 5577 Registered No.
(c) City Hillsboro (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 69 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 550 Wm Clinton Manion
(a) Residence, No. R R 3 - Hillsboro St.
(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 Male
4. COLOR OR RACE w
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Carrie Wilson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 7 - 1869
7. AGE YEARS 69 MONTHS 0 DAYS 6 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. farming
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) Jefferson Co. mo

FATHER
13. NAME Wm Manion
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson Co mo

MOTHER
15. MAIDEN NAME Manerva McCulloch
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson Co mo

17. INFORMANT (ADDRESS) Mrs. Wm C. Manion R R. 3 - Hillsboro mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Bethlehem DATE Nov. 15, 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Mothershead De Soto mo
20. FILED Dec 22, 1938 Mildred Ferry Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 13, 1938
22. I HEREBY CERTIFY, That I attended deceased from Nov 8, 1938, to Nov 11, 1938
I last saw him alive on Nov 11, 1938 Death is said to have occurred on the date stated above, at 3:30 P.m.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset Nov 8

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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. P. Ingels, M.D.
(Address) De Soto, Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

50M-1-12-38 I X14023

## 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 comply with the above constitutes grounds for revocation of license.)**

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