

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

REC'D FEB 15 1939

2377  
Do not use this space.

1. PLACE OF DEATH

(a) County GREENE Registration District No. 316  
(b) Township Springfield Primary Registration District No. 5439 Registered No. 9  
(c) City Springfield (d) Street No. Greene, County Farm 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. da.

2. PRINT FULL NAME Verna Cloe Manual

(a) Residence, No. 400 Washington 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 2 19 39

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jess Albert Manual

22. I HEREBY CERTIFY That I attended deceased from Oct. 1938, to Jan 1- 1939  
I last saw her alive on 11/10/39 1939 Death is said to have occurred on the date stated above, at 6:30 a.m.  
The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 4 1906

7. AGE YEARS 32 MONTHS 5 DAYS 28 If LESS than 1 day, .....hrs. or .....min.

Pellagra?  
Undecided  
Date of onset  
Other contributory causes of importance: 6/2

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. Housewife  
10. Date deceased last worked at this occupation (month and year).....  
11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) Sleeper (STATE OR COUNTRY) Missouri

13. NAME Ben Arnold

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

15. MAIDEN NAME Laura Campbell

16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY)

17. INFORMANT Jess A. Manual (ADDRESS) 400 Washington

18. BURIAL, CREMATION, OR REMOVAL PLACE Maplewood DATE Jan 3 1939

19. FUNERAL DIRECTOR (NAME) H. H. Lohmeyer (ADDRESS) Springfield, Mo.

20. FILED Jan 3 1939 Chas. H. ... Local Registrar.

Name of operation..... 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 A. E. Alder, M. D.  
(Signed) A. E. Alder, M. D. (Address) Springfield, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. ROSS should be stated EXACTLY. ROSS should be stated EXACTLY.

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 T.R. Neale

Registered Apprentice No. 176....., working under my personal supervision.

Signed.....

*Walter E. Hamilton*

Licensed Embalmer No. 3808

P. O. Address Springfield, Mo.

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

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