

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

3664
Do not use this space.

DEC'D FEB 27 1939

1. PLACE OF DEATH

(a) County Rapley Registration District No. 750
 (b) Township Shelley Primary Registration District No. 6246 Registered No. _____
 (c) City _____ (d) Street No. _____
 (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

(a) Residence, No. James Henry Mc Manus 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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-10-39

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nellie

22. I HEREBY CERTIFY, That I attended deceased from February 5, 1939, to February 10, 1939
 I last saw him alive on February 9, 1939. Death is said to have occurred on the date stated above, at 5:30 P.M.
 The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug-11-1855
 7. AGE YEARS 83 MONTHS 5 DAYS 30 If LESS than 1 day, hrs. or min.

Pneumonia (lobar) Date of onset _____
 Other contributory causes of importance: 108
uremia

OCCUPATION 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. Politician
 10. Date deceased last worked at this occupation (month and year) 1934 Co. Judge 11. Total time (years) spent in this occupation 28

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jackson Illinois

FATHER 13. NAME Herman Mc Manus

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

MOTHER 15. MAIDEN NAME unknown, Brown

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

17. INFORMANT J. C. Mc Manus (ADDRESS) Douglas, Mo. RFD # 7

18. BURIAL, CREMATION, OR REMOVAL PLACE Wilson Cem. DATE 2-11-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Jordan Douglas, Mo.

20. FILED 2-11-39 C. B. Jormston Local Registrar.

Name of operation none Date of _____
 What test confirmed diagnosis? Chemical 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? _____
 If so, specify no
 (Signed) J. C. Mc Manus, M. D.

(Address) Douglas, Mo.

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.

STATEMENT OF LICENSED EMBALMER
STATE OF MISSISSIPPI
BUREAU OF HEALTH

Willis

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, _____

not Embalmed

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

Signed *J. E. Jordan*

Licensed Embalmer No. *3200*

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.