

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 43654

Registration District No. 411

Primary Registration District No. 2002

Registrar's No. _____

1. PLACE OF DEATH:
 (a) County Jasper
 (b) City or town Joplin
 (c) Name of hospital or institution: Freeman Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution one hour
 (Specify whether
 In this community 22 years
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jasper
 (c) City or town Joplin
 (If outside city or town limits, write "RURAL")
 (d) Street No. Moana Apts
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Gerry Manning Jr. 552
 3. (b) If veteran, name war _____ 3. (c) Social Security No. 496-10-6409
 4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased May 31 1917
 (Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Dec day -25
 year 1939 hour 7:30 minute _____ P. M.
 21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____;
 that I last saw him Dead on Dec 26, 1939
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
22 6 24 hr. _____ min.

Immediate cause of death Fractured neck
 Duration _____

9. Birthplace Joplin, Missouri
 (City, town, or county) (State or foreign country)

Due to Automobile accident - Car Collision
 Due to _____

10. Usual occupation Salesman

Other conditions (Include pregnancy within 3 months of death) _____

11. Industry or business Oil Company

Major findings: _____
 Of operations _____

12. Name Gerry Manning

PHYSICIAN _____
 Underline the cause to which death should be charged statistically

13. Birthplace Ft. Scott Kansas
 (City, town, or county) (State or foreign country)

14. Maiden name Maya Winter

15. Birthplace Joplin Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Gerry Manning Jr.
 (b) Address Joplin, Mo.

17. (a) Burial (b) Date thereof 12-27-39
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope Cemetery

18. (a) Signature of funeral director Herb Hill Orlow
 (b) Address Joplin, Mo.

19. (a) 12-28-39 (b) Ed W. James
 (Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) accident
 (b) Date of occurrence December 25-1939
 (c) Where did injury occur? Jasper County, Mo.
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
Highway (Specify type of place)
 While at work? no (e) Means of injury Car accident

23. Signature L. C. Whitcheater (M. D. or other) _____
 Address Joplin Date signed 12-28-39

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 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.....

Don Tetrick

Licensed Embalmer No.....

4008

P. O. Address.....

Joplin, Mo

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.