

1899

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

44294
Do not use this space.

1. PLACE OF DEATH

(a) County Pettis Registration District No. 668
 (b) Township 1 Primary Registration District No. 3032 Registered No. 354
 (c) City Sedalia (d) Street No. 1205 So. Montgomery 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. ds.

2. PRINT FULL NAME

520 Mary Amanda Maness
 (a) Residence, No. 1205 So. Montgomery 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Jim Frank Maness</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 13, 1859</u>		
7. AGE YEARS <u>80</u>	MONTHS <u>0</u>	DAYS <u>12</u>
If LESS than 1 day, hrs. or min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>At Home</u>	
	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) <u>Otterville</u> (STATE OR COUNTRY) <u>Missouri</u>		
FATHER	13. NAME <u>Richard Homan</u>	
	14. BIRTHPLACE (CITY OR TOWN) <u>Missouri</u> (STATE OR COUNTRY)	
MOTHER	15. MAIDEN NAME <u>Virginia Ware</u>	
	16. BIRTHPLACE (CITY OR TOWN) <u>Missouri</u> (STATE OR COUNTRY)	
17. INFORMANT <u>Sadie Maness</u> (ADDRESS) <u>Sedalia, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Crown Hill</u> DATE <u>Dec. 27, 1939</u>		
19. FUNERAL DIRECTOR (NAME) <u>Gillespie Funeral Home</u> (ADDRESS) <u>Sedalia, Mo.</u>		
20. FILED <u>Dec 27 1939 Mrs. Harry Sibley</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 25, 1939 . 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 15 1934, to Dec 25 1939
 I last saw her alive on Dec 25 1939. Death is said to have occurred on the date stated above, at 4:35 A.M.
 The principal cause of death and related causes of importance were as follows:

<u>Chronic Myocarditis</u>	Date of onset <u>?</u>
<u>Carcinoma of the Vulva</u>	<u>1936</u>

Other contributory causes of importance:
None

Name of operation None Date of
 What test confirmed diagnosis? Fundus 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? No
 If so, specify Dr. B. Carlisle M. D. M. D.
 (Signed) Dr. B. Carlisle M. D.
 (Address) Sedalia 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.

RECEIVED
District Health Officer No. 8,
District File Number _____
Date Filed 1/5/40

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. 3867

P. O. Address Sedalia, 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.