No. 2
11-10-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED MAY 13 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

14838

State File No.

Registration District No. 294 Primary Registration District No. 5409B Registrar's No.

1. PLACE OF DEATH

(a) County Franklin

(b) ~~City or town~~ Rural - Central Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: none.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 2 (Specify whether
In this community 32 years. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Franklin

(c) City or town Rural Central Twp.
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) If foreign born, how long in U. S. A.? no years.

3. (a) PRINT FULL NAME William Franklin Manion

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex male

5. Color or race W

6. (a) Single, widowed, married, divorced

6. (b) Name of husband or wife Winnie Manion

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased 10 - 10 - 1870 (Month) (Day) (Year)

8. AGE: Years 69 Months 6 Days 2 If less than one day hr. min.

9. Birthplace Jefferson Co. Mo (City, town, or county) (State or foreign country)

10. Usual occupation farmer.

11. Industry or business farming 0

FATHER
12. Name Tom Manion
13. Birthplace Jefferson Co. Mo (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Pounds
15. Birthplace Jefferson Co Mo (City, town, or county) (State or foreign country)

16. (a) Informant Maude Landrum
(b) Address St Clair Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation Mt Zion

18. (a) Signature of funeral director Sherman Kitchell
(b) Address St Clair Mo.

19. (a) May 9, 1940 (Date received local registrar) (b) W. H. Duckworth (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 12 year 1940 hour 6 minute 30 a. M.

21. I hereby certify that I attended the deceased from Jan - 16 - 1938 to April 12 1940 that I last saw him dead alive on April 12 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris

Due to

Due to Arteriosclerosis.

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 94 W

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 267 (Specify type of place)
While at work? (e) Means of injury

23. Signature W. E. Kitchell (M. D. or other)
Address St Clair Mo Date signed 4/12/40

(Licensed Embalmer's Statement on Reverse Side)

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 Sherwood Kitchell

Licensed Embalmer No. 3873

P. O. Address Ft. Clair, Mo

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

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