FILED AUG 23 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25016

Registration District No. 231 Primary Registration District No. 5314 Registrar's No.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Crawford
(b) ~~City or town~~ Mesamae Twshp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ✓
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 (Specify whether
In this community ✓ years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Overland
(If outside city or town limits, write "RURAL")
(d) Street No. 9430-Bristol Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ✓ years.

3. (a) PRINT FULL NAME VIRGIL B. McMANNESS 255
3. (b) If veteran, name war none
3. (c) Social Security No. 489-14-5168
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Lillian McManness
6. (c) Age of husband or wife if alive 42 years
7. Birth date of deceased Nov. (Month) 20 (Day) 1896 (Year)

8. AGE: Years 43 Months 7 Days 23 If less than one day hr. min.

9. Birthplace Oak Hill (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Hod Carrier
11. Industry or business
FATHER
12. Name Samuel McManness
13. Birthplace - - - - (City, town, or county) Virginia (State or foreign country)
MOTHER
14. Maiden name Martha Boone
15. Birthplace - - - - (City, town, or county) Virginia (State or foreign country)
16. (a) Informant Lillian McManness
(b) Address 9430-Bristol Ave. Overland
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7-16-40 (Month) (Day) (Year)
(c) Place: burial or cremation Mount Lebanon
18. (a) Signature of funeral director Baumann Bros Inc
(b) Address 2504-Woodson Rd-Overland, Mo
19. (a) 8-6-40 (Date received local registrar) (b) C R Gibbs (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13 year 1940 hour 1 minute M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Internal injuries

Due to automobile accident.

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
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) accident.
(b) Date of occurrence 7-13-40
(c) Where did injury occur? Highway 19, Crawford, Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? on public highway. (Specify type of place)
(e) While at work? no (e) Means of injury overturned truck.
23. Signature Tony M. Jones Coroner (M.D. or other) 5
Address Steelville Mo Date signed 7-16-40

(Licensed Embalmer's Statement on Reverse Side)

840819

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.....

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, fact should be so stated above.