

MISSOURI STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH

State File No. 26118
 Registrar's No. 1692

Registration District No. 750
 Primary Registration District No. 6246

1. PLACE OF DEATH:
 (a) County Ripley
 (b) City or town Douglas mo
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Rural
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community Most of life (Specify whether years, months or days) 25
25

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Ripley
 (c) City or town Shirley Twp. Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME SPISA McMANUS
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

4. Sex FEMALE 5. Color or race W
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife JAMES CALVIN McMANUS
 6. (c) Age of husband or wife if alive 64 years
 7. Birth date of deceased Aug 8 1875
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 11 12 ✓ hr. ✓ min.

9. Birthplace Stoddard MO
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____
 12. Name Herry Farley S
 13. Birthplace MO
 (City, town, or county) (State or foreign country)
 14. Maiden name Mary McMullen
 15. Birthplace MO
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature B. C. McManus
 (b) Address Douglas mo

17. (a) Burial (b) Date thereof 7-20-40
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wilson Cemetery

18. (a) Signature of funeral director J. E. Jordan
 (b) Address Douglas mo

19. (a) 7-21-1940 (b) E. B. Johnston
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month July day 20
 year 1940 hour 12 minute 25 A. M.
 21. I hereby certify that I attended the deceased from 7/15/40
7/20 to 7/18, 1940
 that I last saw her alive on _____, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death
Pulmonary Tuberculosis
 Due to _____
 Due to _____

Other conditions (Include pregnancy within 3 months of death) None

Major findings:
 Of operations _____
 Of autopsy _____
 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?
At home

While at work? _____
 (Specify type of place) _____
 Means of injury _____

23. Signature E. B. Johnston (M. D. or other) _____
 Address Douglas mo Date signed _____

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.....

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, above space should be left blank.