

Registration District No.

Primary Registration District No. 5412

Registrar's No.

FILED OCT 28 1940

1. PLACE OF DEATH:

(a) County FRANKLIN  
(b) City or town RURAL  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Meramec  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_ years, months or days \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County FRANKLIN  
(c) City or town RURAL  
(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. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30  
year 1940 hour 10 minute A.  
21. I hereby certify that I attended the deceased from July 28 1940 to July 30 1940  
that I last saw her alive on July 29 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy 4 days  
Duration

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) 42 W.

PHYSICIAN  
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? \_\_\_\_\_

23. Signature J. J. Malherbe (Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
Address Beaufort Mo Date signed 7/31/40

3. (a) PRINT FULL NAME CAROLINA MANHART

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife ANTON MANHART 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased JUNE 28 1872  
(Month) (Day) (Year)

8. AGE: Years 68 Months 1 Days 2 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name ROBERT HETZEL

13. Birthplace ST. LOUIS MO  
(City, town, or county) (State or foreign country)

14. Maiden name BARBARA WALTER

15. Birthplace ST LOUIS MO  
(City, town, or county) (State or foreign country)

16. (a) Informant Anton Manhart

(b) Address Leahie Mo R#R

17. (a) BURIAL (b) Date thereof Aug 1 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Meramec

18. (a) Signature of funeral director E. J. Jesmanec

(b) Address Beaufort Mo

19. (a) 9-25-40 (b) Chreiber  
(Date received local registrar) (Registrar's signature)

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

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 E. H. Lemme, Registered Apprentice No. \_\_\_\_\_ working under my personal supervision.

Signed E. H. Lemme

Licensed Embalmer No. 3076

P. O. Address Beauford N.C.

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.