DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38409

FILED DEC 14 1940

Registration District No. 151 — Primary Registration District No. 4085 — Registrar's No.

1. PLACE OF DEATH:

(a) County CASS

(b) City or town DREXEL, MISSOURI. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Thomas Harbison Home. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Does not apply. (Specify whether years, months or days)

In this community 9 years. 3

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI. (b) County CASS.

(c) City or town DREXEL, MISSOURI. (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.? 0 years.

3. (a) PRINT FULL NAME LAURA JANE MANIS

3. (b) If veteran, name war None.

3. (c) Social Security No. None.

4. Sex Female.

5. Color or race White.

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

6. (b) Name of husband or wife Kenneth Manis.

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

7. Birth date of deceased Sept. (Month) 2 (Day) 1866. (Year)

8. AGE: Years 74 | Months 2 | Days 28 | If less than one day ___ hr. ___ min.

9. Birthplace Woodbine, (City, town, or county) Iowa. (State or foreign country)

10. Usual occupation Household Duties. 1

11. Industry or business At Home.

FATHER
12. Name W. H. Bradford. 9
13. Birthplace Not Known. (City, town, or county) (State or foreign country) 1

MOTHER
14. Maiden name Sarah Bayless.
15. Birthplace Not Known. (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Joseph W. Fann.

(b) Address Independence, Missouri.

17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof Dec. 3, 1940. (Month) (Day) (Year)

(c) Place: burial or cremation Independence Mo.

18. (a) Signature of funeral director [signature] 0 [illegible]

(b) Address Drexel, Missouri.

19. (a) 12/1/40. (Date received local registrar) (b) Mabel Huston (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 30th year 1940 hour 10 minute 45 P. M.

21. I hereby certify that I attended the deceased from was not in attendance, sudden death, 19__; that I last saw h__ alive on__, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage c Sudden death	
Due to Hypertension	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations No operation.

Of autopsy No autopsy.

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Basil O. Hartwell (M. D. [redacted]) 1

Address DREXEL MISSOURI. Date signed 12/1/40

(Licensed Embalmer's Statement on Reverse Side)

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, ~~XXXX~~ personal

~~XXXXXXXXXXXXXXXXXX~~

~~XXXXXXXXXXXXXXXXXXXXXXXX~~

Signed

Licensed Embalmer No. 1950

P. O. Address Drexel, Missouri.

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.