

No. 2  
-10-  
7-39  
X21492

Registration District No. **373**

Primary Registration District No. **4219**

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Holt  
(b) City or town Oregon, Missouri  
(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 \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community 1 year, 6 months  
years, months or days) \_\_\_\_\_

3. (a) PRINT FULL NAME Michael Manshardt  
8. (b) If veteran, name war Civil War (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased March 12 1845  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	95	9	4	hr. _____ min.

9. Birthplace Baden Germany  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Minister

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

MOTHER FATHER { 12. Name John Manshardt  
18. Birthplace Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Fred M. Manshardt  
(b) Address Oregon, Missouri

17. (a) Removal (b) Date thereof 12/19/40  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Topeka, Kansas

18. (a) Signature of funeral director Pittsburgh Funeral Service  
(b) Address Oregon, Missouri

19. (a) 12-17-40 (b) Ralph C. Moore  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Holt  
(c) City or town Oregon  
(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.? 77 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 16  
year 1940 hour 1 minute 15 P. A. M.

21. I hereby certify that I attended the deceased from June 15, 1939 to Dec 16, 1940  
that I last saw him alive on Dec, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death arterio-sclerotic changes about brain

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions arterio-sclerotic changes about brain  
(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) \_\_\_\_\_  
(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?  
3. 3. 14 \_\_\_\_\_ (Specify type of place)  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature E. F. Newberry (M. D. or other) \_\_\_\_\_  
Address Oregon Date signed 12/17/40

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

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**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

*James H. Pettigrew*

Licensed Embalmer No. *3197*

P. O. Address *Oregon Mo*

**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.**