

No. 2
4-13-40
5-17-39

State File No.

X23159
49 FILED

JAN 10 1941 411
Registration District No.

Primary Registration District No. 2002

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin

(c) Name of hospital or institution: Bacon Ridge
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 35 years (Specify whether years, months or days) 2

In this community 35 years

3. (a) PRINT FULL NAME TENNESSEE MANZER

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex 7 5. Color or race W

6. (a) Single, ~~widowed~~, married, divorced Mar

6. (b) Name of husband or wife Milo 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Dec 9 1874
(Month) (Day) (Year)

8. AGE: Years 66 Months 0 Days 7 If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name John Sax

13. Birthplace Tenn
(City, town, or county) (State or foreign country)

14. Maiden name Ladina McHair

15. Birthplace Tenn
(City, town, or county) (State or foreign country)

16. (a) Informant Melba Menger

(b) Address Joplin, Mo

17. (a) Funeral Date thereof Dec 19-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lebanon Cem

18. (a) Signature of funeral director Thomhill - Bell

(b) Address Joplin Mo

19. (a) 12-19-40 (b) Er D Janner
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Joplin
(If outside city or town limits, write "RURAL")

(d) Street No. Bacon Ridge
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 15 year 1940 hour 10 minute 30 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw her alive on Dec 14, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to _____

Due to Stroke

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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? 372 (Specify type of place)

(e) Means of injury _____

23. Signature W J M... .. (M. D. or other) _____

Address 401 Emory Bldg Date signed Dec 19-40

Duration 6 mo

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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.....

David Stillon

Licensed Embalmer No. *3898*

P. O. Address..... *Joplin, 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, fact should be so stated above.