

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **43521**

Registrar's No. **24**

JAN 25 1940 688
District No. **688**

Primary Registration District No. **4412**

1. PLACE OF DEATH:

(a) County Pike
(b) City or town Frankford
(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 60 Years (Specify whether
years, months or days) 2

3. (a) PRINT FULL NAME John Edward Mantiply

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

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lura Briscoe Mantiply 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased March 1 1876
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 9 20 hr. min.

9. Birthplace Amherst Virginia
(City, town, or county) (State or foreign country)

10. Usual occupation Mail Carrier

11. Industry or business _____

12. Name William Mantiply

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

14. Maiden name Lura Galloferro

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

16. (a) Informant Lura B. Mantiply
(b) Address Frankford Missouri

17. (a) Burial (b) Date thereof Dec 23 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Frankford Missouri

18. (a) Signature of funeral director Bill & Jan
(b) Address Frankford Missouri

19. (a) Dec 30 (b) Mattie Unsell
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pike
(c) City or town Frankford
(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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 21 1940
year 1940 hour 4 minute 30 P.M.

21. I hereby certify that I attended the deceased from
Dec. 18 1940 to Dec. 21 1940
that I last saw alive on Dec. 21 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia Duration _____

Due to _____

Due to _____

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?

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

23. Signature W. J. ... (M. D. or other) _____
Address Frankford, Mo Date signed 12/24/40

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

MOTHER FATHER

RECEIVED

RECEIVED

District Health Officer No. 10

District File Number 1-41-3

Date Filed JAN 7 1941

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 Loac Fields Neuman

Licensed Embalmer No. 4093

P. O. Address Frankford, 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.