

3-40
-39
X23159

FILED APR 28 1941

Registration District No. _____

Primary Registration District No. 200

Registrar's No. 103

1. PLACE OF DEATH:

(a) County Adair
(b) City or town Brushers
(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 70 yrs years, months or days

3. (a) PRINT FULL NAME

GEO. W. MANAFFY

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex M

5. Color or race W

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 Nov 14 1861
(Month) (Day) (Year)

8. AGE:

Years 79 Months 4 Days 17 If less than one day hr. min.

9. Birthplace

Cook Co. Ill
(City, town, or county) (State or foreign country)

10. Usual occupation

Farmer

11. Industry or business

MOTHER FATHER

12. Name Jos. G. Maloffay

13. Birthplace Cook Co. Ill
(City, town, or county) (State or foreign country)

14. Maiden name Mary Grange

15. Birthplace Cook Co. Ill
(City, town, or county) (State or foreign country)

16. (a) Informant

H. R. Maloffay

(b) Address

Brushers, Mo. 730

17. (a)

Burial (b) Date thereof 3/28-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation

Union Cemetery

18. (a) Signature of funeral director

Foster P. Early

(b) Address

Brushers, Mo.

19. (a)

April 9/41 (b) Spencer L. Freeman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Adair
(c) City or town Brushers, Mo
(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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 26
year 1941 hour 5 minute 15 A.M.

21. I hereby certify that I attended the deceased from Mar 15, 1941 to Mar 26, 1941;
that I last saw him alive on Mar 25, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death

Cerebral Hemorrhage

Duration

11 Days

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of 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? _____

3 While at work?

(Specify type of place) (e) Means of injury _____

23. Signature H. M. Henselphay (M. D. or other) MD
Address Brushers, Mo Date signed 3/27-41

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

RECEIVED

District Health Officer No. 10

District File Number 4-41-821

Date Filed APR 14 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 Foster P. Easley

Licensed Embalmer No. 1146

P. O. Address Brookers, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.