

No. 2
1-4-41
-17-39
X26390

APR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

11817

State File No. _____

Registration District No. 744 Primary Registration District No. 597-3035 Registrar's No. 30

1. PLACE OF DEATH:

(a) County Ray
(b) City or town Richmond, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Richmond Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 weeks
(Specify whether years, months or days)
In this community 45 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray
(c) City or town Richmond
(If outside city or town limits, write "RURAL")
(d) Street No. Northeast of Richmond
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country Ireland

3. (a) PRINT FULL NAME Thomas Manning

3. (b) If veteran, name war _____ 3. (c) Social Security No. none

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

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

7. Birth date of deceased February 15, 1856
(Month) (Day) (Year)

8. AGE: Years 85 Months 1 Days 5 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER { 12. Name Martin Manning

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

14. Maiden name Julia Dempsey

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

16. (a) Informant M. J. Red, Manning
(b) Address Richmond, Mo.

17. (a) Burial (b) Date thereof March 21, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cemetery

18. (a) Signature of funeral director J. J. Brothers
(b) Address Richmond, Missouri

19. (a) Mar. 22-41 (b) M. A. Mulgahan
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 19, year 1941 hour 9 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from Jan 4-41 to March 19-41 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Due to _____
Due to ART

Other conditions Arterio-Sclerosis
(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? 965

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

23. Signature E. G. Ray (M. D. or other) _____
Address Richmond, Mo. Date signed 3-20-41

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

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 7-15-74

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..... *J. B. Brothers*
Brothers Funeral Home
Licensed Embalmer No. 2001
P. O. Address. Richmond, Missouri

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.