

No. 2
4-13-40
5-17-39
PI X23159

DEPARTMENT OF HEALTH
BUREAU OF THE REGISTERS
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

14059

Registration District No. 94 Primary Registration District No. 5140 Registrar's No. _____

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

1. PLACE OF DEATH: Caldwell
(a) County Caldwell
(b) City or town Rural in section
(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 _____
In this community 25 yrs.
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED: _____
(a) State Mo (b) County Caldwell
(c) City or town Rural
(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.

3. (a) PRINT FULL NAME OSCAR ROBERT MANVILLE

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

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 DEC. 1855
(Month) (Day) (Year)

8. AGE: Years 85 Months 4 Days 10 If less than one day _____ hr. _____ min.

9. Birthplace Johnson Co. Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Blacksmith

11. Industry or business _____

12. Name Lynnan Manville

13. Birthplace Johnson Co. Iowa
(City, town, or county) (State or foreign country)

14. Maiden name Mary Minter

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

16. (a) Informant Lucille B. Ott

(b) Address Breckenridge

17. (a) Burial (b) Date thereof Apr. 28 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rose Hill Cemetery

18. (a) Signature of funeral director F. McPuck

(b) Address Breckenridge Mo.

19. (a) Apr. 2 1941 (b) A. R. Greay M.
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26
year 1941 hour 2 minute 25 P.M.

21. I hereby certify that I attended the deceased from April 20
April 26, 1941, to April 26, 1941;
that I last saw him alive on April 26, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Nephritis
Myocardial Degeneration

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 J. H. Underwood (M. D. or other) D. O.
Address Breckenridge Mo. Date signed 4/26/41

Duration _____
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.....

T. Amick

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

T. Amick

Licensed Embalmer No.....

1570

P. O. Address.....

Breaux Kenridge 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.