

Registration District No. 628

Primary Registration District No. 5704

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Phelps

(b) City or town St James Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Soldiers Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 1/2 years
(Specify whether years, months or days)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Phelps

(c) City or town St James
(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.? 50 years.

8. (a) PRINT FULL NAME ANNIE MANNION

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased Jan 28 1845
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

73 3 10 hr. _____ min.

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

10. Usual occupation House Wife

11. Industry or business _____

12. Name don't know

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

14. Maiden name _____

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

16. (a) Informant A J Bullock

(b) Address St James Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 10 1941
(Month) (Day) (Year)

(c) Place: burial or cremation Catholic Cem

18. (a) Signature of funeral director W E Lickbale

(b) Address St James Mo

19. (a) 6-12-41 (Date received local registrar) (b) Elice B. Holt (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8 year 1941 hour 11:20 PM minute _____ M.

21. I hereby certify that I attended the deceased from May 6, 1941 to May 8, 1941 that I last saw h. er. alive on May 8, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death. _____

Due to Cerebral Hemorrhage Angine Pectoris Duration 2 days

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? 6!!

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

23. Signature C. F. Hamrick (M. D.)
Address St. James Mo Date signed V. 9. 1941

Duration
Physician
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

JUN 20 1941

ADAM M. ...

ADAM M. ...

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.....

me

Registered Apprentice No.

working under my personal supervision.

Signed

Oral E. Lecklich

Licensed Embalmer No.

3546

P. O. Address

St. James 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.