

*Dr. Campbell*

State File No. **26237**

X26390

Registration District No. **784**

Primary Registration District No. **200**

Registrar's No. **1437**

1. PLACE OF DEATH:

(a) County **St. Louis**  
 (b) City or town **Manchester Mo**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**Manchester Nursing Home 4**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **1-2 Years**  
(Specify whether years, months or days)  
 In this community **Life**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **St. Louis 96**  
 (c) City or town **Rook Hill Village 0**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **9382 Golden Gate Dr. 0**  
(If rural, give location)  
 (e) Citizen of foreign country? **No** (Yes or No)  
 If yes, name country **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **7**  
 year **1941** hour **8:50 P.** minute **M.**

21. I hereby certify that I attended the deceased from **Dec 13**  
 19**39** to **July 7** 19**41**;  
 that I last saw him alive on **July 6** 19**41**;  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Cardiac Decompensation 8 days**  
 Due to **Hypertension 1 1/2 yrs**

Other conditions **Epilepsy 1 1/2 yrs**  
(Include pregnancy within 3 months of death)

Major findings:  
 Of operations **95c2**  
 Of autopsy \_\_\_\_\_  
 PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME **George Maness**

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 **Serenia Maness** 6. (c) Age of husband or wife if alive **78** years

7. Birth date of deceased **Jan 8 1962**  
(Month) (Day) (Year)

8. AGE: Years **79** Months **5** Days **29** If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation **Retired**

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **Jacob Maness**

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

14. Maiden name **Frances Jones**

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

16. (a) Informant **Mrs Beitha Hill**

(b) Address **9380 Golden Gate Br.**

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

(c) Place: burial or cremation **Oak Hill Cemetery**

18. (a) Signature of funeral director **Louis H. Bopp Inc.**  
 (b) Address **Kirkwood, Mo**

19. **JUL 8 1941** (Date received local registrar) (b) **R. Meyer** (Registrar's signature)  
**707** (Licensed Embalmer's Statement on Reverse Side)

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? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_  
 While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
 23. Signature **R. Campbell** (M. D. or other) **MD**  
 Address **1158 1/2 Hamilton** Date signed **July 8 41**

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

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**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..... *Louis H Bapp*  
Licensed Embalmer No. *921*  
P. O. Address..... *Rickwood*

**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.**