DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 29 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

27632

State File No.

Registration District No. 1 Primary Registration District No. 1 Registrar's No. 231

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

1. PLACE OF DEATH:
(a) County Adair
(b) City or town Kirksville (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Laughlin Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 wks (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Shelby 10
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. Near Shelbina, Mo. (If rural, give location)
(e) If foreign born, how long in U. S. A.? — 1 years.

3. (a) PRINT FULL NAME Gertie Elizabeth Manning
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife James Nelson Manning
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased May (Month) 22 (Day) 1870 (Year)

8. AGE: Years	Months	Days	If less than one day
71	2	14	hr. min.

9. Birthplace Shelby County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business —
FATHER
12. Name David Turner
13. Birthplace — (City, town, or county) Kentucky (State or foreign country)
MOTHER
14. Maiden name Mary Jane Turner
15. Birthplace — (City, town, or county) Kentucky (State or foreign country)
16. (a) Informant Louis Manning
(b) Address Shelbina, Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Aug (Month) 6 (Day) 1941 (Year)
(c) Place: burial or cremation Shelbina, Mo.
18. (a) Signature of funeral director E. Hayes
(b) Address Shelbina, Mo.
19. (a) Aug 6, 1941 (Date received local registrar) (b) Spencer L. Meeman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 6 year 1941 hour 6 minute 10 A.M.
21. I hereby certify that I attended the deceased from July 15, 1941, to ~~[illegible]~~ August 6, 1941; that I last saw her alive on August 6, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Nephritis

Due to Empyema of gall bladder

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Cholecystostomy found empyema and calculi
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

127B

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 Howard O. Michelson (M. D. or other) D.O.
Address August Kirksville, Mo. Date signed 8/6/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 8-41-1564
Date Filed AUG 21 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 ..... Me ....., Registered Apprentice No. .....
working under my personal supervision.

Signed E. Hayes

Licensed Embalmer No. 1437

P. O. Address Shelbina, 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.