

No. 2
1-4-41
17-39
X28390

SEP 15 1941

Registration District No. 318

Primary Registration District No. 2001

Registrar's No. 677

1. PLACE OF DEATH:

(a) County GREENE
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1951 EAST AVENUE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether years, months or days)
In this community 1 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Greene 039
(c) City or town Springfield (If outside city or town limits, write "RURAL")
(d) Street No. 1951 East Ave. (If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME JOHN WESLEY MANNING.

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

4. Sex MALE 5. Color of race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife AMANDA ELIZABETH MANNING 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased March 12 - 1866
(Month) (Day) (Year)

8. AGE: Years 75 Months 5 Days 8 If less than one day hr. min.

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

10. Usual occupation Cabinet maker manufacturing

11. Industry or business Unknown

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant C. W. Manning

(b) Address 1938 East Ave. Springfield, Mo.

17. (a) Burial (b) Date thereof Aug 22, 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn Cem.

18. (a) Signature of funeral director J. W. Klingner & Co.
(b) Address Springfield, Mo.

19. (a) 8-22-41 (b) W. E. Handley M.D. (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 20 year 1941 hour 3 minute 15 P. M.

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

Immediate cause of death Coronary artery occlusion Duration 1 day
Due to Coronary artery disease
Due to Arterio-sclerosis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 94A

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) (c) Means of injury 0 road

23. Signature Arthur H. Knapp (M. D. or other) 0
Address 420 W. E. Connel Date signed 8/21/41

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

9
2
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1948

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 *Ogle Sloan Jr.*

Licensed Embalmer No. *4976*

P. O. Address *Springfield M*

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.

X