

80
6
4

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

1. PLACE OF DEATH:

(a) County **Pettis**
(b) City or town **Sedalia**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
601 N. Quincy
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **3 days, Conv. Home**
(Specify whether
in this community
years, months or days)

3. (a) PRINT FULL NAME **Nannie Manes**

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

4. Sex **Female** 5. Color or race **White** 6. (a) **Widowed**
(Single, widowed, married, divorced)

6. (b) Name of husband or wife **Wm. R. Manes** 6. (c) Age of husband or wife if alive **7** years **1862**

7. Birth date of deceased **June 7 1862**
(Month) (Day) (Year)

8. AGE: Years **79** Months **1** Days **25**
If less than one day hr. min.

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

10. Usual occupation **At home**

11. Industry or business

MOTHER FATHER { 12. Name **Unknown**
13. Birthplace **Unknown**
(City, town, or county) (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Alice Yankee**
(b) Address **315 E. 2nd St., Sedalia, Mo.**

17. (a) **Burial** (b) Date thereof **8/4/41**
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director **Gillespie Funeral Home**

(b) Address **903 S. Ohio, Sedalia, Missouri**

19. (a) **8-4-41** (b) **Mrs. Harry Sneed**
(Date received local registrar) (Registrar's signature)

406 (Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Pettis**
(c) City or town **Sedalia**
(If outside city or town limits, write "RURAL")
(d) Street No. **315 E. 2nd Street**
(If rural, give location)
(e) Citizen of foreign country? **A** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** 2 day
year **1941** hour **8** minute **15** M.

21. I hereby certify that I attended the deceased from **June 11, 41**
to **Aug 1st 1941**
that I last saw her alive on **Aug 1st 1941**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cardiac debility on route**

Due to **Myocarditis**

Due to **General debility**
with signs of spine

Other conditions **Myocarditis**
(Include pregnancy within 6 months of death)

Major findings:
Of operations **None**
Of autopsy **None**

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 **A. P. Campbell** (M. D. or other)
Address **Sedalia, Mo.** Date signed **8-4-41**

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 9-10-41

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.....

Geo Dillard

Licensed Embalmer No.

3868

P. O. Address

Seabalia, n

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.