

No. 2
-1-4-41
5-17-39
PI X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **35799**

FILED NOV 10 1941

Registration District No. **668**

Primary Registration District No. **668 3032**

Registrar's No. _____

1. PLACE OF DEATH

(a) County **Pettis**
(b) City or town **Sedalia Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution **Bathusell's Hosp**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **Three Days** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Erzell Elton Manis**

3. (b) If veteran, name war
3. (c) Social Security **493-14-9027**

4. Sex **M** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Single**
6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Jan 7 1918**
(Month) (Day) (Year)

8. AGE: Years **22** Months **9** Days **7** If less than one day hr. _____ min. _____

9. Birthplace **Johnson Co Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **Presser overhaul**

11. Industry or business **overhall factory**

12. Name **Water Manis**

13. Birthplace **Johnson Co Mo**
(City, town, or county) (State or foreign country)

14. Maiden name **Ma Crawford**

15. Birthplace **Johnson Co Mo**
(City, town, or county) (State or foreign country)

16. (a) Informant **Water Manis**
(b) Address **Warrensburg Mo**

17. (a) **Bural** (Burial, cremation, or removal) (b) Date thereof **Oct 17 1941**
(Month) (Day) (Year)

(c) Place: burial or cremation **Liberty cemetery Johnson Co**
(d) Signature of funeral director **Anthony Phillips**
(e) Address **Warrensburg Mo**

19. (a) **10-15-41** (Date received local registrar) (b) **Mrs. Harry Sneed** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Johnson**
(c) City or town **Warrensburg**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country **1**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **14** year **1941** hour **4:00** minute **P** M.

21. I hereby certify that I attended the deceased from **Oct 12 1941** to **Oct 14 1941**
that I last saw him alive on **Oct 14 1941**
and that death occurred on the date and hour stated above.

Immediate cause of death **Fracture of skull** Duration **2 da**

Due to **Automobile accident**

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations **170C 22**
Of autopsy _____

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) **Accident**
(b) Date of occurrence **Oct 12 1941**

(c) Where did injury occur? **Highway 50 Pettis Mo**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? **On public highway**

While at work? **no** (Specify type of place) (e) Means of injury **Automobil**

23. Signature **A. L. Walter** (M. D. or other) **MD**
Address **Sedalia Mo** Date signed **10-15-41**

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

0
6
4

9

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 11-4-41

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.....

Earl Priest....., Registered Apprentice No.....
working under my personal supervision.

Signed *Earl Priest*.....

Licensed Embalmer No. *3878*

P. O. Address *Warrensburg 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, fact should be so stated above.