

Registration District No. 410

Primary Registration District No. 402-4-5058

Registrar's No. 16

1. PLACE OF DEATH:

(a) County Barton

(b) City or town Lamar Twp (Rural)
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(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 _____
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ozark 077

(c) City or town Wasola
(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 _____

3. (a) PRINT FULL NAME Faye Manning

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 28th
year 1942 hour 11 minute 30 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

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

6. (b) Name of husband or wife James Manning 6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased July 14th, 1917
(Month) (Day) (Year)

Immediate cause of death Coronary Occlusion

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

8. AGE: Years 24 Months 8 Days 14 If less than one day _____ hr. _____ min.

9. Birthplace Rock Ridge, MO (City, town, or county) (State or foreign country) 0

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name Melvin Williams

13. Birthplace unknown (City, town, or county) (State or foreign country) 9

14. Maiden name Edna Coates

15. Birthplace unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant James Manning

(b) Address Wasola, MO.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-30-42 (Month) (Day) (Year)

(c) Place: burial or cremation Rock Ridge Cemetery near Gainesville, MO.

18. (a) Signature of funeral director Elias Gardner

(b) Address Gardner, MO.

19. (a) 3-28-42 (Date received local registrar) (b) Martha River (Registrar's signature)

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? _____

e, MO. (Specify type of place) _____

While at work? _____ (e) Means of injury _____

23. Signature Raymond River (Specify type of place) Wasola, MO.
Address Wasola, MO. Date signed 3/28/42

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

0600

RECEIVED

District Health Officer No. 6,

District File Number 442-423

Date Filed APR 7 1942

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.....

Licensed Embalmer No.....

P. O. Address.....

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.