

Registration District No. 397

Primary Registration District No. 3016

Registrar's No. 23

1. PLACE OF DEATH:

(a) County. FRANKLIN
 (b) City or town. WASHINGTON
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
523 E. SEVENTH ST.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution. NONE
 (Specify whether
 In this community. 40 YEARS
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. MISSOURI (b) County. FRANKLIN 036
 (c) City or town. WASHINGTON
 (If outside city or town limits, write "RURAL")
 (d) Street No. 523 E. Seventh St
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country NONE 0

3. (a) PRINT FULL NAME EMIL GEORGE MANHART

3. (b) If veteran, name war. None 3. (c) Social Security No. 494-03-3870

4. Sex. M 0 5. Color or race. W 6. (a) Single, widowed, married, divorced. Single

6. (b) Name of husband or wife. NONE 6. (c) Age of husband or wife if alive. NONE years

7. Birth date of deceased. September 21 1897
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
44 6 18 hr. min.

9. Birthplace. NEIER Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation. Shoe worker

11. Industry or business. Shoe Factory

12. Name. Joseph C. Manhart

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

14. Maiden name. Josephine Ravo

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

16. (a) Informant. Mrs James H. Bennett

(b) Address. 523 E. SEVENTH ST.

17. (a) Burial (b) Date thereof. MARCH 11, 1942
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. WASHINGTON, MO.

18. (a) Signature of funeral director. Otto Henry W. Otto

(b) Address. Washington Missouri

19. (a) MARCH 10 1942 (b) Lucille Reuther
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 9, 1942
 year hour 4 30 minute 45 M.

21. I hereby certify that I attended the deceased from Oct 1, 1941
 that I last saw him alive on March 9, 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death. Tuberculosis Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

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) (e) Means of injury

23. Signature. J. T. ... M. D. or other
 Address Washington Mo Date signed March 12 1942

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

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

1181

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 none, Registered Apprentice No. none working under my personal supervision.

Signed Henry W. Otto
Licensed Embalmer No. 3560
P. O. Address Washington

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10710

Registration District No. 297

Primary Registration District No. 3016

Registrar's No.

1. PLACE OF DEATH:

(a) County Franklin
(b) City or town Washington
(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..... (Specify whether
In this community..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... (b) County.....
(c) City or town..... (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.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day.....
year 1942 hour..... minute..... M.
21. I hereby certify that I attended the deceased from.....
..... 19.....
that I last saw him..... alive on..... 19.....
and that death occurred on the date and hour stated above.
Immediate cause of death.....

tuberculosis
Due to Bilateral pulmonary
Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)
Major findings:
Of operations.....
Of autopsy.....
138'

Duration

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)
(b) 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 J. J. [unclear] M.D. (M. D. or other)
Address Washington Date signed 5/14/42

3. (a) PRINT FULL NAME Emil S. Manhart

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

4. Sex m 5. Color or race w 6. (a) Single, widow, married, divorced s

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

7. Birth date of deceased Sept 21 (Month) (Day) (Year)

8. AGE: Years 44 Months..... Days..... If less than one day..... min.

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

10. Usual occupation.....

11. Industry or business.....

12. Name.....

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

14. Maiden name.....

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

16. (a) Informant.....

(b) Address.....

17. (a)..... (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....

(b) Address.....

19. (a)..... (b) (Registrar's signature)

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

MOTHER FATHER

SUPPLEMENTARY

S-10710 1942