

S. No. 2  
-1-4-41  
5-17-39  
P-I X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

21634

State File No. ....

FILED JUL 16 1942

Registration District No. 471

Primary Registration District No. 4284

Registrar's No. 76

55  
4  
0  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Lawrence

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

(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 40 years (Specify whether  
In this community 40 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence

(c) City or town Pierce City  
(If outside city or town limits, write "RURAL")

(d) Street No. 302 Elm (If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME Alice Ann Manchester

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F 5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Fred Manchester

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased July 25 1857  
(Month) (Day) (Year)

8. AGE: Years 84 Months 8 Days 23  
If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name Sam W. Peel

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

14. Maiden name Mary E. Peel

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

16. (a) Informant Mrs. S.J. Douthitt

(b) Address Pierce City Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-20-42  
(Month) (Day) (Year)

(c) Place: burial or cremation City Cemetery

18. (a) Signature of funeral director Kimsey's

(b) Address Pierce City Mo.

19. (a) 6-20-42 (Date received local registrar)

(b) Kimsey's (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18  
year 1942 hour 5 minute 30 P. M.

21. I hereby certify that I attended the deceased from June 7  
1942 to June 18 1942  
that I last saw her alive on June 18 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 11 days

Due to

Due to

Other conditions 830'  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations

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)

(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)

23. Signature Charles S. Moore (M. D. or other)

Address Pierce City Mo. Date signed June 19 1942

1156

(Licensed Embalmer's Statement on Reverse Side)

1942

RECEIVED

District Health Officer No. 6,

District File Number 742-975

Date Filed Jul 14 1942

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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.....

me  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed Richard O. Keeney

Licensed Embalmer No. 3822

P. O. Address Pierce City 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.**