V. S. No. 2
M—11-10-39
ev. 5-17-39
I X21492

85
0
0

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

BILLED SEP 18 1942 90

Registration District No. 112

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

31124

State File No.

Primary Registration District No. ~~5941~~ 5984

Registrar's No. 102

1. PLACE OF DEATH:

(a) County Pulaski

(b) City or town Rural (Liberty Township)
(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 Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

85
0
0

(a) State Missouri (b) County Pulaski

(c) City or town Rural (Liberty Township)
(If outside city or town limits write "RURAL")

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

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Mary Isabell Manes

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Simeon Joshua Manes

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased April (Month) 11, (Day) 1875 (Year)

8. AGE:

Years	Months	Days	If less than one day
67	3	29	hr. min.

9. Birthplace Crocker (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation House wife

11. Industry or business At home

FATHER
12. Name John T. Miller
13. Birthplace Not Known (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Serena Caldwell
15. Birthplace (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant S. J. Manes
(b) Address Richland, Mo. R.F.D.#3 box 11

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/12/42 (Month) (Day) (Year)
(c) Place: burial or cremation Bethlehem Cem.

18. (a) Signature of funeral director J. L. Hoops & Sons.
(b) Address Crocker, Mo.

19. (a) 9-18-1942 (Date received local registrar) (b) Chas M Dodd (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 10
year 1942 hour 6 minute 30 P M.

21. I hereby certify that I attended the deceased from Sept 10/1942, 19 to Sept 10, 1942;
that I last saw her alive on Sept 10, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary Edema	6 hours
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 111a	
Major findings: Of operations	
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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature Everett A. Oliver (M. D. or other)
Address Richland Mo. Date signed 9/10/1942

(Licensed Embalmer's Statement on Reverse Side)

SEP 25 1942

OCT 16 1942

RECEIVED
Pulaski County Health Officer
File Number 9-42-190
Date Filed: 9-18-42

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 Paul B. Hoops

Licensed Embalmer No. 3261

P. O. Address Crocker, 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, above space should be left blank.