S. No. 2
M—5-42
5-17-39
X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 6760

FILED MAR 8 1943

Registration District No. 8 1943

Primary Registration District No. 5639

Registrar's No. 8

1. PLACE OF DEATH:

(a) County Lafayette

(b) City or town Rural Manning
(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 10 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette 54 0

(c) City or town Rural - 10 mi East of Odessa 0
(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 0

3. (a) PRINT FULL NAME Susie Mary Manning

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 Roy Manning

6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased June (Month) 13 (Day) 1892 (Year)

8. AGE: Years 50 Months 7 Days 28 If less than one day hr. min.

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

10. Usual occupation House-wife

11. Industry or business

FATHER
12. Name BENNET S. WILKERSON
13. Birthplace HARRNONVILLE (City, town, or county) MO 0 (State or foreign country)

MOTHER
14. Maiden name ALICE M TERREL
15. Birthplace DOVER (City, town, or county) MO 0 (State or foreign country)

16. (a) Informant Roy Manning
(b) Address Higginsville Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb (Month) 15 (Day) 1943 (Year)
(c) Place: burial or cremation Odessa Mo.

18. (a) Signature of funeral director E. S. James
(b) Address CONCORDIA MO.

19. (a) Mar-1-1943 (Date received local registrar) (b) Mrs W. F. Baker (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 11th
year 1943 hour 5 minute 45A M.

21. I hereby certify that I attended the deceased from called in special capacity as coroner, 19 ;
that I last saw her alive on April Feb 1, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Gun shot wound of chest (12 gauge shot gun) coroner Jury Verdict "By her own act by shot gun wound of chest"

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

164C

Major findings:
Of operations

Of autopsy No autopsy

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) Suicide

(b) Date of occurrence 2-11-43

(c) Where did injury occur? Higginsville (City or town) Lafayette (County) Mo (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 W. E. Martin MD Coroner (M. D. or other)

Address Odessa Mo Date signed 2-11-43

1157

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 3-5-43

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 My

, Registered Apprentice No.

working under my personal supervision.

Signed E S James

Licensed Embalmer No. 2058

P. O. Address Concordia 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.