

No. 2
-1-4-41
-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

7062

FILED MAR 6 1943

State File No.

Registration District No. 23

Primary Registration District No. 4346

Registrar's No. 5

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

1. PLACE OF DEATH:

(a) County Montgomery

(b) City or town Montgomery
(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 50 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Montgomery

(c) City or town Montgomery
(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 George Mahanes

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 18th
year 1943 hour 9:00 minute 9:00 M.
21. I hereby certify that I attended the deceased from Feb. 16th
1943, to Feb. 18th, 1943
that I last saw him alive on Feb. 18th, 1943
and that death occurred on the date and hour stated above.

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

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

7. Birth date of deceased Aug 10 th 1867
(Month) (Day) (Year)

Immediate cause of death Rt. Cerebral Hemiplegia with left Hemiplegia
Atherosclerosis + Senility 5 yrs
Decubiti Ulcer 3 mos

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

Major findings: _____
Of operations _____

Of autopsy _____

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>6</u>	<u>8</u>	hr. _____ min. _____

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

10. Usual occupation Farmer & Miller

11. Industry or business _____

MOTHER FATHER { 12. Name Charlie Mahanes

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

14. Maiden name no

15. Birthplace no
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Mahanes

(b) Address Montgomery City Mo

17. (a) Burial (b) Date thereof 2-20-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Montgomery City Cem

18. (a) Signature of funeral director C.W. Hopkins

(b) Address Montgomery City Mo

19. (a) Feb 20-43 (b) Mrs. C.E. Vandave
(Date received local registrar) (Registrar's signature)

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 E. T. Anderson M.D. (M.D. or other) M.D.
Address Montgomery City, Mo. Date signed 2/19/43

1060 (Licensed Embalmer's Statement on Reverse Side)

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, on the 18
day of Feb 1943, Registered Apprentice No.
working under my personal supervision.

Signed..... C. W. Hopkins
C. W. Hopkins

Licensed Embalmer No. 1487

P. O. Address Montgomery 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.