

FILED MAR 8 1943

Registration District No. 316

Primary Registration District No. 6074

Registrar's No. 33

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Desloge, Missouri
(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 About 5 months
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Francois
(c) City or town Desloge, Missouri
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Bobbie Joe Manles
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb. day 11
year 1943 hour 4 minute 01 M.

4. Sex male 5. Color or race White
6. (a) Single, widowed, married, divorced 0
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Sept. 20, 1942
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from not attended 19____ to 19____
that I last saw him did not see baby alive on _____, 19____
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
4 21 _____ hr. _____ min.

Immediate cause of death Pneumo-splen
Duration 7d

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

Due to _____
Due to _____

10. Usual occupation _____

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

11. Industry or business _____

Major findings: Of operations _____ Of autopsy _____

12. Name Henry Manles

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

14. Maiden name Audrey Glover

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

16. (a) Informant Henry Manles

(b) Address Desloge, Missouri

17. (a) Burial (b) Date thereof Feb. 12, 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Franklton Mo.

18. (a) Signature of funeral director C. J. Bauer

(b) Address Desloge, Missouri

19. (a) Feb 24 1943 (b) Brydie Buhmester
(Date received local registrar) (Registrar's signature)

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) (If Means of injury)

23. Signature NO [Signature] (M. D. or other) _____
Address Desloge Mo Date signed 7-11-43

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

94
0
0

MOTHER FATHER

RECEIVED

District Health Officer No. 4
District File Number 343-1832
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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.