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

FILED APR 14 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 9650

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 35-0

1. PLACE OF DEATH:

(a) County Buchanan,
(b) City or town Rural, Washington,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
R.F.D. #5, St. Joseph, Mo. Ont.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 26 yrs, 3 mos. 18 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Buchanan
(c) City or town Saint Joseph,
(If outside city or town limits, write "RURAL")
(d) Street No. 1725 South 20th. Street,
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Shirley Ann Walker Manning,

3. (b) If veteran, name war None, 3. (c) Social Security No. None,

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

6. (b) Name of husband or wife Vincent M. Manning, 6. (c) Age of husband or wife if alive 28 years

7. Birth date of deceased December 3rd. 1916
(Month) (Day) (Year)

8. AGE: Years 26 Months 3 Days 18 If less than one day hr. min.

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

10. Usual occupation At Home,

11. Industry or business

FATHER
12. Name Loyd A. Walker,
13. Birthplace Saint Joseph, Missouri,
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mable Grace Johnston,
15. Birthplace Ottumwa Iowa,
(City, town, or county) (State or foreign country)

16. (a) Informant Loyd A. Walker
(b) Address 1725 South 20th. Street, St Joseph Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/24/43
(Month) (Day) (Year)
(c) Place: burial or cremation St. Jo. Mem. Park Cemetery

18. (a) Signature of funeral director Heaton Rebole & Bowman Funeral
(b) Address 319 So. 10th. Street, Havier

19. (a) 3-24-43 (Date received local registrar) (b) Rose Herzog (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 21st.
year 1943 hour 11:00 minute 45 P.M.

21. I hereby certify that I attended the deceased from June 1942 to Mar 21 1943
that I last saw her alive on March 21 1943
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Subacute Bacterial Endocarditis	9 mos
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

91a

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 Harold J. Brumm (M. D. or other)
Address St Joseph, Mo. Date signed 3-22-43

1233

(Licensed Embalmer's Statement on Reverse Side)

FEB 1 1945

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~~ 3/21/4

....., Registered Apprentice No. ✓ .....,

working under my personal supervision.

Signed Harold Bowman

Licensed Embalmer No. 3619

P. O. Address St. Joseph, M

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.