

MAY 10 1943

128  
518

State File No.

Registration District No.

Primary Registration District No. 2000

Registrar's No. 307

1. PLACE OF DEATH:

(a) County GREENE  
(b) City or town SPRINGFIELD  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1851 N. ROGERS AVE.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
(Specify whether  
In this community.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Greene  
(c) City or town Springfield, Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1851 N. Rogers  
(If rural, give location)  
(e) Citizen of foreign country? no. (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18<sup>th</sup>  
year 1943 hour 3 minute 00 A. M.

21. I hereby certify that I attended the deceased from.....  
4-10-43 19... to 4-17- 1943  
that I last saw him alive on 4-17- 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death.....  
Decompensating Heart Disease

Due to.....

Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death) 950

Major findings:  
Of operations.....

Of autopsy.....

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 O. E. Feller (M. D. or other)  
Address Springfield, Mo. Date signed 4/18/43

3. (a) PRINT FULL NAME WILLIAM MANSON

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

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife ARRIE MANSON 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased MARCH 17-1880  
(Month) (Day) (Year)

8. AGE: Years 1 83 Months 1 Days 1 If less than one day hr. min.

9. Birthplace Unknown IOWA  
(City, town, or county) (State or foreign country)

10. Usual occupation RETIRED

11. Industry or business LABORER

12. Name UNKNOWN UNKNOWN

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

14. Maiden name UNKNOWN UNKNOWN

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

16. (a) Informant Henry C. Manson

(b) Address Ferguson, Mo.

17. (a) Burial (b) Date thereof April 19-1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellview Cem.

18. (a) Signature of funeral director Springfield, Mo.

(b) Address Springfield, Mo.

19. (a) 4-19-43 (b) O. W. Haulley  
(Date received local registrar) (Registrar's signature)

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

FILED  
39  
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DEC 16 1950

**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..... *J. Klingner*

Licensed Embalmer No. *3358*

P. O. Address *Springfield, 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.**

X