

FILED JUN 12 1943
 Registration District No. 77

Primary Registration District No. 3008

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

1. PLACE OF DEATH:
 (a) County Callaway
 (b) City or town Stullton
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: State Hospital no 1 2
 (If not in hospital or institution, write street number on location)
 (d) Length of stay: In hospital or institution hr (Specify whether years, months or days)
 In this community 13 yrs 6 months 16 days

3. (a) PRINT FULL NAME RUTH HELEN MANSKE
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex female 5. Color or race white
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Edward Manske 6. (c) Age of husband or wife if alive 27 years
 7. Birth date of deceased: OK OK 1893
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>50</u>			_____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER
 12. Name JW Dristy
 13. Birthplace Iowa Iowa
 (City, town, or county) (State or foreign country)
 14. Maiden name Emma Davis
 15. Birthplace Iowa
 (City, town, or county) (State or foreign country)

16. (a) Informant Records
 (b) Address State Hospital

17. (a) Stullton (b) Date thereof May 11 43
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation St. Mary's

18. (a) Signature of funeral director Gerthobasha
 (b) Address Memphis Mo

19. (a) May 8-1943 (b) Jesse Moravichoff
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: Stullton
 (a) State Missouri (b) County Callaway
 (c) City or town Stullton Memphis 11
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location) 1
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8
 year 1943 hour 12:15 minute 9 M.
 21. I hereby certify that I attended the deceased from May 1
1943 to May 8 1943
 that I last saw her alive on May 8 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myocarditis

Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) 93d

Major findings: _____
 Of operations _____
 Of 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) _____
 (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)
 (e) Means of injury _____
 23. Signature Robert J. ... (M.D. or other) MD
 Address Stullton Mo Date signed May 8 1943

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 Albert C. Gerth

Licensed Embalmer No. 3689

P. O. Address Memphis TN

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.