

Registration District No. **243**

Primary Registration District No. **5833**

1. PLACE OF DEATH:

(a) County Newton
(b) City or town Stark City Missouri
(c) Name of hospital or institution: None
(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

3. (a) PRINT FULL NAME William Hammer Maness

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

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Alice Maness 6. (c) Age of husband or wife if alive 71 years
7. Birth date of deceased July 25 1867
(Month) (Day) (Year)

8. AGE: Years 75 Months 11 Days 20 If less than one day _____ hr. _____ min.

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

10. Usual occupation Nursery Laborer

11. Industry or business _____

MOTHER FATHER { 12. Name Boyd Maness
13. Birthplace Not Known (City, town, or county) (State or foreign country) 9
14. Maiden name Racnel Hance
15. Birthplace Not Known (City, town, or county) (State or foreign country) 9

16. (a) Informant Euson Maness
(b) Address Stella Missouri

17. (a) Burial (b) Date thereof 7/17/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Macedonia

18. (a) Signature of funeral director Logue Funeral Home
(b) Address Whiston, Mo.

19. (a) 8-3-43 (b) Alphas R. Hale Dyer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton
(c) City or town Stark City
(If outside city or town limits, write "RURAL")
(d) Street No. 108 E. 12th (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, state country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15
year 1943 hour _____ minute 3:50 PM

21. I hereby certify that I attended the deceased from July 10 1943 to July 15 1943
that I last saw him alive on July 15 1943
and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 830
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?

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. R. Edmondson (M. D. or other) _____
Address Stella Mo Date signed 7/17/43

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

1317

RECEIVED

8-6-43

District Health Officer No.

District File Number 843-154

Date Filed 8-7-43

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 *W^{MA} Morris Pogue*

Licensed Embalmer No. 3442

P. O. Address Wheaton 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.