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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 9 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

25807

State File No.

Registration District No. 709243 Primary Registration District No. 629-8-5992 Registrar's No.

1. PLACE OF DEATH:

(a) County Polk

(b) City or town RURAL FLEMINGTON TWP.
(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 years, months or days)

In this community 5 YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County Polk

(c) City or town RURAL
(If outside city or town limits, write "RURAL")

(d) Street No. FLEMINGTON TWP.
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Joseph W. MANLEY

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex MALE

5. Color or race White

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife SEVERINA MANLEY

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Sept. (Month) 15 (Day) 1879 (Year)

8. AGE: Years 63 Months 10 Days 13 If less than one day hr. min.

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

10. Usual occupation FARMER

11. Industry or business OWN FARM

MOTHER FATHER

12. Name Robert MANLEY

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

14. Maiden name MARY A. CAUGHLIN

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

16. (a) Informant Severina Manley

(b) Address Hunnewell Mo

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof July 30 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Oswego, Mo.

18. (a) Signature of funeral director E. H. Simmons

(b) Address Hunnewell, Mo

19. (a) Aug 2 1943 (Date received local registrar) (b) Mrs Geo. Thayer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28 year 1943 hour 4 minute 45 A M.

21. I hereby certify that I attended the deceased from 19 40 to July 28 19 43 that I last saw him alive on July 25 19 43 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis — Duration 10 days

Paralysis Agitans — 6 yrs

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

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 Roscoe C. Nevins (M. D. ~~or other~~) M.D.

Address Hunnewell Mo Date signed 7-31-43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District File Number 7-43-814
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 by me, Registered Apprentice No. ..... working under my personal supervision.

Signed E. H. Primm

Licensed Embalmer No. 4282

P. O. Address Humansville, 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.