

1948
AUG 26 1948

Registration District No. 240

Primary Registration District No. 4358

Registrar's No. 78

1. PLACE OF DEATH:

(a) County New Madrid
(b) City or town Lilbourn, Mo
(If outside city or town limits, write "RURAL" and name of township)
(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

8. (a) PRINT FULL NAME Emma Manus
(b) If veteran, name war 220
(c) Social Security No. 220

4. Sex Female 5. Color or race Black
6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Geo Manus
(c) Age of husband or wife if alive 106 years
7. Birth date of deceased Dec 25 1837
(Month) (Day) (Year)

8. AGE: Years 105 Months 6 Days 0
If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business James Johnson

MOTHER FATHER
12. Name Alfiah
13. Birthplace _____
(City, town, or county) (State or foreign country)
14. Maiden name Annae Nelson
15. Birthplace Africa
(City, town, or county) (State or foreign country)

16. (a) Informant Emmie Worford

(b) Address Lilbourn Mo

17. (a) buried (b) Date thereof 6-26-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. George's

18. (a) Signature of funeral director W. H. ...

(b) Address Lilbourn Mo

19. (a) 8-1-48 (b) Mr. J. P. Parrell
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County N. Madrid
(c) City or town Lilbourn
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25
year 1948 hour 2:00 minute 00 P.M.

21. I hereby certify that I attended the deceased from June 1
1948, to June 25, 1948
that I last saw her alive on June 1
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis
Duration 1 yr

Due to _____

Due to _____

Other conditions Arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy 930

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. E. Jones (M. D. or other) _____

Address Lilbourn Mo Date signed 6-29-48

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

RECEIVED

District Health Office No. 2,

District File Number 813-1110

Date Filed 8-24-43

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.