

Registration District No. 194

Primary Registration District No. 3056

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

1. PLACE OF DEATH:

(a) County Randolph

(b) City or town Moberly

(c) Name of hospital or institution: Mc Cormick Hosp.
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Randolph

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

(d) Street No. 887 W. Coates St
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME FRANKIE MANUEL

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 14th
year 1943 hour 4 minute 20 p M.

21. I hereby certify that I attended the deceased from Nov. 8 1943 to Nov 14 1943
that I last saw her alive on Nov. 14 1943
and that death occurred on the date and hour stated above.

4. Sex Female

5. Color or race col

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

6. (b) Name of husband or wife Pearl Manuel

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

7. Birth date of deceased: July 8 1894
(Month) (Day) (Year)

Immediate cause of death Dius

Due to fibroid of uterus following adhesions

Due to operations

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

8. AGE: Years 49 Months 4 Days 6 da
If less than one day _____ hr. _____ min.

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

10. Usual occupation fulf

11. Industry or business _____

12. Name Silas Alexander Graves

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

14. Maiden name Mary Ann Minor

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

16. (a) Informant Pearl Manuel

(b) Address 887 W Coates St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 18 43
(Month) (Day) (Year)

(c) Place: burial or cremation Moberly mo

18. (a) Signature of funeral director Robert L Carr

(b) Address Moberly mo

19. (a) 11-16-43 (Date received local registrar) (b) Jenna Hove (Registrar's signature)

Major findings: Of operations adhesions 56P

Of autopsy _____

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)

23. Signature R. L. McCormick (M. D. or other) _____
Address Moberly Date signed 11-15-43

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 10

District File Number 12-43-1928

Date Filed DEC 13 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 Robert L. Carr

Licensed Embalmer No. 3190

P. O. Address Moody 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.