

OGILVIE MARYET
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43249
Registrar's No. 90

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 10 1944

Registration District No. 270

Primary Registration District No. 3050

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

1. PLACE OF DEATH:

(a) County... Pemiscot

(b) City or town... Caruthersville
(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... None (Specify whether years, months or days)

In this community... 40 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State... Missouri (b) County... Pemiscot

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

(d) Street No... 209 Walker Avenue
(If rural, give location)

(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country... Citizen of U.S.A.

3. (a) PRINT FULL NAME Reeda Mannings

3. (b) If veteran, name war... None

3. (c) Social Security No... None.

4. Sex Male 5. Color or race Black

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

6. (b) Name of husband or wife Martha Mannings

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

7. Birth date of deceased... Unknown
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

About 72

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

10. Usual occupation... Retired Farm Laborer

11. Industry or business... Asvabova

MOTHER FATHER { 12. Name... Aaron Mannings

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

14. Maiden name... Unknown 9

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

16. (a) Informant... Carrie Mannings

(b) Address... Caruthersville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-3-43
(Month) (Day) (Year)

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

18. (a) Signature of funeral director... J. P. La Forge

(b) Address... Caruthersville, Mo.

19. (a) 12-14-43 (b) Jessie W. Marney
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 2, year 1943 hour 9 minute 0 A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death... General Paralysis of the Insane

Due to _____

Due to _____

Other conditions... 30 h
(Include pregnancy within 3 months of death)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: Of operations _____

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) (e) Means of injury _____

23. Signature... F. W. Ogilvie (M. D. or other) _____
Address... Caruthersville Mo. Date signed 12/14/43

12-43-342

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.....

J. L. La Forge

Licensed Embalmer No..... *3082*.....

P. O. Address..... *Caruthersville, 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.