

FILED FEB 1 1944

Registration District No. 4

Primary Registration District No. 3008

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

1. PLACE OF DEATH:

(a) County Callaway

(b) City or town Fulton

(c) Name of hospital or institution: State Hospital No 1 2
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution 26 hrs 8 m. 7 d
(If not in hospital or institution, write street number or location)

In this community yes
years, months or days 7 (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion

(c) City or town Hannibal
(If outside city or town limits, write "RURAL") 2

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
 If yes, name country 0

3. (a) PRINT FULL NAME Hattie Manuel

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 19 year 1943 hour 5-25 minute 0 M.

21. I hereby certify that I attended the deceased from 12-1-1943, to 12-19-1943
 that I last saw him alive on 12-18-1943
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

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

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

Immediate cause of death Myocardial Infarction

Due to Atherosclerosis

Due to _____

Other conditions g3d
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

8. AGE: Years about 66 Months _____ Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation Factory Worker

11. Industry or business _____

MOTHER { 12. Name DK

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

14. Maiden name DK

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

16. (a) Informant Record

(b) Address _____

17. (a) Removal (b) Date thereof Dec 24, 1943
(Burial, cremation or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Blair J. Manpin

(b) Address 712 East St. Fulton, Mo

19. (a) Dec 24-1943 (b) Josee Morawickoff
(Date received local registration) (Registrar's signature)

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? _____ (e) Means of injury _____

23. Signature R.E. Shindle 0 (M. D. or other) M.D.
 Address Fulton Mo. Date signed 12/19/43

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..... *Glen Y. Maripin*

Licensed Embalmer No. *2725*

P. O. Address *Fulton, 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: