

FILED FEB 18 1944

State File No.

Registration District No. 29

Primary Registration District No. 5328

Registrar's No.

1. PLACE OF DEATH:

(a) County Crawford (b) City or town Rural Liberty (c) Name of hospital or institution (d) Length of stay: In hospital or institution About 15 years

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County (c) City or town (d) Street No. (e) Citizen of foreign country? No

3. (a) PRINT FULL NAME

Geo Manerhof

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

4. Sex 8 5. Color or race 6. (a) Single, widowed, married, divorced 7. Birth date of deceased 5-5-1875

8. AGE: Years 68 Months 4 Days 2

9. Birthplace Salem Missouri

10. Usual occupation Farmer

11. Industry or business

12. Name Fred Manerhof

13. Birthplace Salem Missouri

14. Maiden name Rose Chambliss

15. Birthplace Schweren Germany

16. (a) Informant Pauline Goessling

(b) Address 3435 Miami St. St. Louis MO

17. (a) (b) Date thereof 2-5-1944

(c) Place: burial or cremation

18. (a) Signature of funeral director Harry W. Jones

(b) Address Steelville Mo

19. (a) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 3 year 1944 hour 4 minute 15 P.M.

21. I hereby certify that I attended the deceased from that I last saw h. alive on and that death occurred on the date and hour stated above.

Immediate cause of death unavoidable accident struck by train, Frisco Freight Train No. 39-2nd

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence Feb. 3, 1944

(c) Where did injury occur? Boone Twp. Crawford, Mo.

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

on railroad, while trespassing

(e) Means of injury

While at work? No

23. Signature: H. Jones (M. D. or other)

Address Steelville, Missouri Date signed 2-11-44

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

2800

28

0

0

0

0

0

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

169-8 30

0.04

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, fact should be so stated above.