

FILED APR 14 1944  
Registration District No. 212

Primary Registration District No. 3044

Registrar's No. 15

1. PLACE OF DEATH:

(a) County MILLER

(b) City or town ELDON  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community 8 YRS  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County MILLER

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

(d) Street No. 808 Colorado - Ave  
(If rural, give location)

(e) Citizen of foreign country? none (Yes or No) 0  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Edward-Dennis-Manley

(b) If veteran, name war none

(c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 23  
year 1944 hour 8 minute 00 A. M.

21. I hereby certify that I attended the deceased from 7-24-1941  
19\_\_\_\_ to 3-23 1944  
that I last saw him alive on 3-22 1944  
and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race White

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

(b) Name of husband or wife BERTHA-MANLEY

(c) Age of husband or wife if alive 46 years

7. Birth date of deceased Oct 7 1880  
(Month) (Day) (Year)

Immediate cause of death CARDIAC FAILURE Duration \_\_\_\_\_

Due to CARCINOMA 4 YRS

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

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

63 5 16 — hr. — min.

9. Birthplace ELMIRA 1 NEW-YORK  
(City, town, or county) (State or foreign country)

10. Usual occupation Mechanic

Major findings: Of operations \_\_\_\_\_

Of autopsy NO

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

MOTHER FATHER

11. Industry or business WELL-DRILLING

12. Name JOHN-MANLEY

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

14. Maiden name CATHERYN-YOW'S

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

16. (a) Informant Mrs Bertha Manley

(b) Address Eldon Mo

17. (a) BURIAL (b) Date thereof 3-26-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood ARK.

18. (a) Signature of funeral director Keith McKays

(b) Address Eldon Mo

19. (a) 3-24-44 (b) \_\_\_\_\_  
(Date received by registrar) (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? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature A. F. Pfeister M. D. or other D.O.  
Address Eldon 7740 Date signed 3-24-44

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

6  
1

1114

RECEIVED

Miller County Health Dep't

County File Number 44-40

Date Filed 4-5-44

APR 21 1944

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

*Keith M. Gays*

Licensed Embalmer No.

3998

P. O. Address

Eldon 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.

Registration District No. 212

Primary Registration District No. 2044

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

1. PLACE OF DEATH:  
 (a) County Miller  
 (b) City or town Eldon  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
 (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

3. (a) PRINT FULL NAME Edward D. Marley  
 3. (b) If veteran, name war \_\_\_\_\_  
 3. (c) Social Security No. \_\_\_\_\_

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

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

7. Birth date of deceased: Oct 7 (Month) (Day) (Year)

8. AGE: Years 63 Months 5 Days \_\_\_\_\_ (If less than one day, \_\_\_\_\_ min.)

9. Birthplace: \_\_\_\_\_ (City, town, or county) (State or foreign country) N.Y.

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
 12. Name \_\_\_\_\_  
 13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)  
 14. Maiden name \_\_\_\_\_  
 15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

16. (a) Informant \_\_\_\_\_

(b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (Burial, cremation, or removal) (b) Date thereof \_\_\_\_\_ (Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address \_\_\_\_\_

19. (a) \_\_\_\_\_ (Date received local registrar) (b) \_\_\_\_\_ (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
 (c) City or town \_\_\_\_\_ (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23 year 1944 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_; that I last saw him/her alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure

Due to Carcinoma of eye  
Right cheek and  
Mandible

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) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

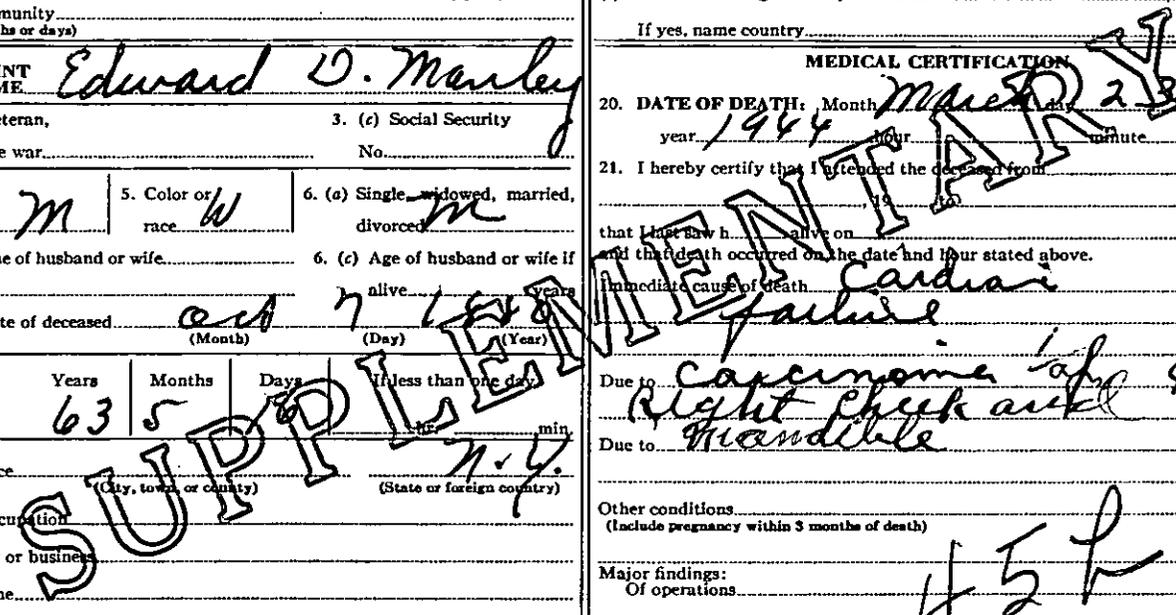
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(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 AFB [Signature] (M. D. or other) \_\_\_\_\_

Address \_\_\_\_\_ Date signed \_\_\_\_\_



Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

11518