

Registration District No. **8** **1944**

Primary Registration District No. **4034**

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

1. PLACE OF DEATH: **Bates**

(a) County **Bates**

(b) City or town **Hume**
(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 **50 years**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Bates**

(c) City or town **Hume Mo.**
(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 _____

3. (a) PRINT FULL NAME **Julius Augustus Manty**

3. (b) If veteran, name war _____

3. (c) Social Security No. **NONE**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **25**
year **1944** hour **1:30** minute **p** M.

4. Sex **M** 5. Color or race **White**

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

6. (b) Name of husband or wife **Anna Louise Manty**

6. (c) Age of husband or wife if alive **77** years

7. Birth date of deceased **Nov 17 1857**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Apr 24** 19**44** to **Apr 25** 19**44**
that I last saw him alive on **Apr 25** 19**44**
and that death occurred on the date and hour stated above.

Immediate cause of death: **Cerebral Hemorrhage 20. hrs**

8. AGE: Years Months Days If less than one day
86 5 8 hr. _____ min.

Due to **Hypertension** **2 yrs**

Due to _____

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

10. Usual occupation **Farmer (retired)**

Other conditions (Include pregnancy within 3 months of death) **8 2a!**

MOTHER FATHER { 11. Industry or business **Fredrick Manty.**

12. Name **Germany.**

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

14. Maiden name **Wilhelmina Copeland.**

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

PHYSICIAN _____

Major findings: **None**

Of operations _____

Of autopsy **None**

Underline the cause to which death should be charged statistically.

16. (a) Informant **Mrs. J.A. Manty.**

(b) Address **Hume, Mo.**

17. (a) Burial **Burial** (b) Date thereof **Apr. 27 1944**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mound City, Kansas.**

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? _____

18. (a) Signature of funeral director **R.W. McCannell**

(b) Address **Hume, Mo.**

19. (a) **4/29/44** (b) **Guy M. Coleman**
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature **Wm. J. Allen** (M. D.)
Address **Hume Mo** Date signed **4/26/44**

District
District File Number 44-594
Date Filed 5-6-44

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 R. W. McQuinn

Licensed Embalmer No. 1002

P. O. Address Home 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.