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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED JUN 9 1944**

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18004

State File No. ....

Registration District No. 120

Primary Registration District No. 4199

Registrar's No. 58

**1. PLACE OF DEATH:**

(a) County Gentry

(b) City or town McFall

(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. 63 (Specify whether years, months or days)

In this community 63 (Specify whether years, months or days)

**3. (a) PRINT FULL NAME** Edwin Elza Manring

**3. (b) If veteran,** name war X

**3. (c) Social Security No.** X

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

**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** Dec 9 1861  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>82</u>	<u>5</u>	<u>5</u>	hr. _____ min. _____

**9. Birthplace** Lawrence Co, Ohio (State or foreign country)

**10. Usual occupation** Night Watchman

MOTHER FATHER

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

**12. Name** Jordan Alden Manring

**13. Birthplace** Ohio (State or foreign country)

**14. Maiden name** Margarett Shoemaker

**15. Birthplace** Adams Co Ohio (State or foreign country)

**16. (a) Informant** Maggie May Manring

**(b) Address** McFall, Mo

**17. (a) Burial** (b) Date thereof 5/16/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** McFall, Mo

**(a) Signature of funeral director** Elstromer

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

**19. (a) May 16 - 1944** (b) James H. McKel...  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo (b) County Gentry 38

(c) City or town McFall (If outside city or town limits, write "RURAL") 0

(d) Street No. \_\_\_\_\_ (If rural, give location) 0

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country 0

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month May day 14 year 1944 hour 8 minute 25 P. M.

**21. I hereby certify that I attended the deceased from** Sept 1 1944 to May 14 1944

that I last saw him alive on May 14 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Endocarditis 6 mo. Duration

Due to Senility

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

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

Major findings: 92d

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

**PHYSICIAN**

Underline the cause to which death should be charged statistically.

**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** C. J. Pray (M. D. or other) MD

Address Albany, Mo Date signed 5-16-44

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

c.F.  
Dr. Pray

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**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 \_\_\_\_\_

*G. S. Brown*

Licensed Embalmer No. 2857

P. O. Address Pattonsburg, 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.**