

FILED JUN 23 1944
Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 201

1. PLACE OF DEATH:

(a) County PETTIS
(b) City or town SEDALIA
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1222 E 7TH ST.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 58 YRS. years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County PETTIS 80
(c) City or town SEDALIA
(If outside city or town limits, write "RURAL")
(d) Street No. 1222 E 7TH
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

ETHEL MAUDE MANESS

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

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MAR.
6. (b) Name of husband or wife WALTER 6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased: 10 (Month) 3 (Day) 1883 (Year)

8. AGE: Years Months Days If less than one day
60 8 14 hr. min.

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

10. Usual occupation HOUSEWIFE

11. Industry or business _____

MOTHER FATHER
12. Name JAS. B. MERCER
13. Birthplace FARMER CITY ILL.
(City, town, or county) (State or foreign country)
14. Maiden name AMY C. TURK
15. Birthplace FARMER CITY ILL.
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. CATHERINE ROSENCRANS
(b) Address SEDALIA, MO.

17. (a) BURIAL (b) Date thereof 6-18-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CROWN HILL

18. (a) Signature of funeral director Geo. O'Connell

(b) Address Sedalia, Mo

19. (a) 6/17/44 (b) Mrs Anne Berger
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 16
year 1944 hour 2 minute a M.

21. I hereby certify that I attended the deceased from June 16 1944 to June 16 1944
that I last saw her alive on June 15 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Septal Perforation Duration 1 day

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 1637

Major findings: Of operations _____

Of autopsy _____

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

(a) Accident, suicide, or homicide (specify) Suicide
(b) Date of occurrence June 15 - 44
(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 Wm. B. ... (M. D. or other) MD
Address Sedalia Date signed 6/17/44

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

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

6-22-44

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 Geo. D. [Signature]

Licensed Embalmer No. 3868

P. O. Address: Delaware

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.