

Registration District No. 7

Primary Registration District No. 5032

1. PLACE OF DEATH:

(a) County Audrain
(b) City or town Rual, Linn
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
R.F.D. Rush Hill
(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 Isaac McManamy
3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Belle McManamy
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 4, 1873
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>3</u>	<u>24</u>	hr. _____ min.

9. Birthplace Mifflin County, Pa.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Samuel McManamy
13. Birthplace Pa.
(City, town, or county) (State or foreign country)
14. Maiden name Ellen Peters
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J.R. Snook
(b) Address Rush Hill, Mo.

17. (a) Burial (b) Date thereof June 30, 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Grove Cemetery

18. (a) Signature of funeral director Carl E. Pugh

(b) Address Mexico, Mo.

19. (a) June 30, 1944 (b) Mary C. Jacobs
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain
(c) City or town Rual, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.D. Rush Hill
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28
year 1944 hour 12 minute 30 P.M.
21. I hereby certify that I attended the deceased from Dec 27-1943
to June 28, 1944
that I last saw him alive on June 22, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Duration _____

Due to _____
Due to _____

Other conditions Cardiac Asthma
(Include pregnancy within 3 months of death)

Major findings:
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:

(c) 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 W.K. McCall (M. D. or other) _____
Address Ladsonia Mo Date signed 6-30-44

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

100

MOTHER FATHER

1697

RECEIVED

District-Health Officer No. 10

District File Number 7-44-1341

Date Filed JUL 19 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.....

..... Earl E. Precht....., Registered Apprentice No.....
working under my personal supervision.

Signed Earl E. Precht.....

Licensed Embalmer No. 3189.....

P. O. Address Mexico, 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.