

FILED JUL 24 1944
Registration District No. 11948

Primary Registration District No. 4188

State File No. _____

Registrar's No. 91

1. PLACE OF DEATH:

(a) County Gasconade
(b) City or town Owensville
(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 21 years. (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gasconade
(c) City or town Owensville 37
(If outside city or town limits, write "RURAL") 2
(d) Street No. _____ (If rural, give location) 3
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____ 10

3. (a) PRINT FULL NAME Frank Carl Manske

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Bertha 6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased May 20 1869
(Month) (Day) (Year)

8. AGE: Years 75 Months 1 Days 17 If less than one day _____ hr. _____ min.

9. Birthplace Sitzewitz Germany
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Sailor

11. Industry or business _____

12. Name Frank Manske

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

14. Maiden name Wilhelmina Schlotz

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

16. (a) Informant MRS. F.C. MANSKE

(b) Address OWENSVILLE, Mo.

17. (a) Burial (b) Date thereof 7 10 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Owensville City Cemetery

18. (a) Signature of funeral director Milford N. United

(b) Address Owensville, Mo.

19. (a) July 8, 1944 (b) Myrtle M. Wenkel
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7
year 1944 hour 9 minute 20 A.M.

21. I hereby certify that I attended the deceased from 7-7-44 to 7-7-44
that I last saw him alive on 7-7-44
and that death occurred on the date and hour stated above.

Immediate cause of death Hemiplegia of brain

Due to Hypertension

Due to _____

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

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 Edwin Mellish (M. D. or other)

Address Owensville Mo Date signed 7-8-44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

3720

81
7/24/44

1287

DEC 1 1946

JUL 24 1946

JUL 2 1946

AUG 21 1946

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 Me
....., Registered Apprentice No.
working under my personal supervision.

Signed Wilford H. H. Hunter
Licensed Embalmer No. 3838
P. O. Address

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.