

FILED AUG 21 1944

Registration District No. 38

Primary Registration District No. 3006

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

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Ellis Fischel State Cancer Hospital
(If not in hospital or institution, write street number or local job)
(d) Length of stay: In hospital or institution 28 days
(Specify whether
In this community -
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mississippi
(c) City or town East Prairie, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. R # 2
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Mable Manning

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

4. Sex Female / race white 5. Color or white
6. (a) Single, widowed, married / divorced married

6. (b) Name of husband or wife Manning 6. (c) Age of husband or wife if alive - years

7. Birth date of deceased September 8 1905
(Month) (Day) (Year)

8. AGE: -- Years 38 Months 10 Days 12 If less than one day hr. min.

9. Birthplace Wyatt, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business -

12. Name Joe Turner

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

14. Maiden name: Sallie Powell

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

16. (a) Informant Ph Mable Manning

(b) Address East Prairie, Mo. R # 2

17. (a) Burial (b) Date thereof 7-22-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dogwood

18. (a) Signature of funeral director Harro Shelby

(b) Address East Prairie, Mo.

19. (a) 7-21-44 (b) Edna H. Barber
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20th
year 1944 hour 19 minute 9 M.

21. I hereby certify that I attended the deceased from 6-22-44
19. to 7-20-44 19. 1944

that I last saw her alive on July 20
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the cervix

Due to.....

Due to.....

Other conditions H&A
(Include pregnancy within 3 months of death)

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 J. Lynn Mapp (M. D. or other) MD

Address East Prairie, Mo. Date signed 7-20-44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

1250

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 9

District File Number.....

Date Filed 8-18-44.....

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.....

Frank Shelby

Licensed Embalmer No. 2726

P. O. Address East Prairie, 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.