

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED OCT 13 1944

Registration District No. 76

Primary Registration District No. 5152

Registrar's No. 50

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

1. PLACE OF DEATH:  
 (a) County Caldwell  
 (b) City or town Polk B.R. District  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Polk  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 1  
 (Specify whether  
 In this community  
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Mo (b) County Caldwell  
 (c) City or town Polk  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. ....  
 (If rural, give location)  
 (e) Citizen of foreign country? ..... (Yes or No)  
 If yes, name country U

3. (a) PRINT FULL NAME Mary Ellen Manley  
 3. (b) If veteran, name war .....  
 3. (c) Social Security No. ....

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Sept day 10<sup>th</sup>  
 year 1944 hour 11 minute 45 A.M.  
 21. I hereby certify that I attended the deceased from Sept 6  
1944 to Sept 10, 1944  
 that I last saw her alive on Sept 10  
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race Whi.  
 6. (a) Single, widowed, married, divorced married  
 6. (c) Age of husband or wife if alive 79 years  
 7. Birth date of deceased Feb 14 - 1867  
 (Month) (Day) (Year)

Immediate cause of death Curricular fibrillation  
 Duration Don't know  
 Due to Diabetes Mellitus  
Arteriosclerosis  
 Due to Hypertension  
 Other conditions (Include pregnancy within 3 months of death) —

8. AGE: Years Months Days If less than one day  
77 4 24 hr. min.

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

10. Usual occupation Nurse

11. Industry or business.....

12. Name Wm. Balis  
 (City, town, or county) (State or foreign country)

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

14. Maiden name Elyahub Myers  
 (City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. Sio. Mankett  
 (b) Address Polk Mo

17. (a) Burial (b) Date thereof 9-12-44  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Prison Ridge  
 18. (a) Signature of funeral director Alvanth Kowley  
 (b) Address Polk Mo

19. (a) Sept 25 1944 (b) Caroline Targett  
 (Date received local registrar) (Registrar's signature)

Major findings: No Operation  
 Of operations  
 Of autopsy None

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?  Means of injury —  
 23. Signature W. J. Shouse (M. D. or other)  
 Address Kingston Mo Date signed 9-11-44

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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.....

Licensed Embalmer No.....

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.**