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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 3 1944

Registration District No. 119

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30861

Primary Registration District No. 4193

Registrar's No. 34

1. PLACE OF DEATH:

(a) County Gasconade

(b) City or town Hermann
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Schwartz Hotel
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 (Specify whether
In this community 1 Day
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Iowa (b) County Lee 999

(c) City or town Keokuk 13
(If outside city or town limits, write "RURAL")

(d) Street No. 26½ S. 5th St
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country D

3. (a) PRINT FULL NAME JOHN CRAIG MC MANUS

3. (b) If veteran, name war --

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Hazel McManus

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased May (Month) 6 (Day) 1891 (Year)

8. AGE: Years 53 Months 4 Days 10 If less than one day hr. min.

9. Birthplace Keokuk (City, town, or county) Iowa 1 (State or foreign country)

10. Usual occupation Contractor

11. Industry or business

FATHER
12. Name Edward Mc Manus
13. Birthplace (City, town, or county) Unkown 9 (State or foreign country)

MOTHER
14. Maiden name Unkown
15. Birthplace (City, town, or county) Unkown 9 (State or foreign country)

16. (a) Informant Glen McManus
(b) Address 701 Franklin Keokuk, Ia

17. (a) removal (Burial, cremation, or removal) (b) Date thereof 9-16-44 (Month) (Day) (Year)
(c) Place: burial or cremation Keokuk, Iowa

18. (a) Signature of funeral director Hugo H. Blumer
(b) Address Hermann, Missouri

19. (a) Sept. 16/44 (Date received local registrar) (b) A. H. Siedler (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 16
year 1944 hour 8 minute 09A M.

21. I hereby certify that I attended the deceased from ....., 19...., to Sept. 16, 1944;
that I last saw him alive on Sept. 16, 1944;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary thrombosis	30 min
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

9 + a

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? (e) Means of injury 2

23. Signature W. C. Jeter (M. D. or other) DD
Address Hermann, Mo. Date signed 9/16/44

1261

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,

District File Number.....

Date Filed 10-1-44

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.

Body not embalmed before removal.

Signed August Blum

Licensed Embalmer No. 3160

P. O. Address Hermann, 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.