

Registration District No. 243

Primary Registration District No. 4364

Registrar's No. 25

**1. PLACE OF DEATH:**  
 (a) County Newton  
 (b) City or town Stella  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution None  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 1  
(Specify whether years, months or days)  
 In this community 75 Yrs.  
(Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Newton 73  
 (c) City or town Stella, Mo. 0  
(If outside city or town limits, write "RURAL") 0  
 (d) Street No. ---  
(If rural, give location)  
 (e) Citizen of foreign country? --- (Yes or No) 0  
 If yes, name country ---

**3. (a) PRINT FULL NAME** James Manuel Maness  
 3. (b) If veteran, name war --- 3. (c) Social Security No. ---

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month October day 9  
 year 1944 hour 3 minute A. M.

4. Sex Male 5. Color or race W. 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Cynthia Maness 6. (c) Age of husband or wife if alive 75 years  
 7. Birth date of deceased: November 20 1863  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan - 1944  
~~to~~ to Oct 9, 1944  
 that I last saw him alive on Oct 4, 1944  
 and that death occurred on the date and hour stated above.

8. AGE: 80 Years 10 Months 18 Days  
 If less than one day --- hr. --- min.

Immediate cause of death acute & mitral regurgitation  
 Due to ---

9. Birthplace Shelby, Co. Ill.  
(City, town, or county) (State or foreign country)  
 10. Usual occupation Retired Merchant

Due to ---  
 Other conditions ---  
(Include pregnancy within 3 months of death)

**MOTHER FATHER**  
 11. Industry or business ---  
 12. Name William Maness  
 13. Birthplace Tenn.  
(City, town, or county) (State or foreign country)  
 14. Maiden name Nancy Bullard  
 15. Birthplace Tenn.  
(City, town, or county) (State or foreign country)

Major findings:  
 Of operations ---  
 Of autopsy ---  
**PHYSICIAN**  
 Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs J. M. Maness  
 (b) Address Stella, Mo.  
 17. (a) Burial (b) Date thereof 10/12/44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Macedonia Cem

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 ---

18. (a) Signature of funeral director Wm. Morris Dyer  
 (b) Address Wheaton, Missouri  
 19. (a) 11-3-1944 (b) Alpha L. Hale Dyer  
(Date received local registrar) (Registrar's signature)

23. Signature J. C. Edwards (M. D. or other) ---  
 Address Stella, Mo. Date signed 11/4/44

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

300

1317

RECEIVED NOV 6 1944  
District Health Officer No. \_\_\_\_\_  
District File Number 1044-213  
Date Filed NOV 6 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 \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed Wm Morris Payne  
Licensed Embalmer No. 3482  
P. O. Address Wheaton, 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.