

Registration District No. 32

Primary Registration District No. 5111

Registrar's No. #6 8

1. PLACE OF DEATH:

(a) County Rollinger  
(b) City or town RURAL LIBERTY TWP.  
(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 1  
In this community All her life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County ROLLINGER  
(c) City or town RURAL  
(If outside city or town limits, write "RURAL")  
(d) Street No. NEAR DONGOLA  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Rebecca Mansker

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

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased December 29th 1861  
(Month) (Day) (Year)

8. AGE: Years 82 Months 10 Days 8 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation House keeper

11. Industry or business \_\_\_\_\_

12. Name Henry Killien

13. Birthplace Dont Know 9

14. Maiden name Mary Jane Srezy 9

15. Birthplace Dont Know 9

16. (a) Informant Norman Shell

(b) Address Advance Mo.

17. (a) Burial (b) Date thereof Nov. 8 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dongola Mo

18. (a) Signature of funeral director Baker Funeral Home,

(b) Address LETSVILLE, Mo.

19. (a) 12/2/44 (b) Mrs. Geneva Ashman  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 6<sup>th</sup>  
year 1944 hour 4:00 minute A. M.

21. I hereby certify that I attended the deceased from July, 1944, to Nov 6, 1944  
that I last saw her alive on July, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Senility

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (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 E. G. Masters (M. D. or other) DO.

Address Advance, Mo. Date signed 12-2-44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER, FATHER

1063

RECEIVED

District Health Officer No. 4  
District File Number 1244-4607  
Date Filed 12-6-44

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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.**