

DECEASED JUL 13 1945
Registration District No. **179**

Primary Registration District No. **4288**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Lincoln**
(b) City or town **Moscow Mills Mo.**
(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 _____ (Specify whether)
In this community **In this community**
years, months or days _____

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Lincoln**
(c) City or town **Moscow Mills Mo.**
(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 _____

3. (a) PRINT FULL NAME **ROBERT HERMAN MANKEL**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **510-03-2375**

4. Sex **MO** 5. Color or race **W** 6. (a) Single, widowed, married **Single**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____
alive _____ years

7. Birth date of deceased **Mar 17 1905**
(Month) (Day) (Year)

8. AGE: Years **40** Months **2** Days **19** If less than one day _____ hr. _____ min.

9. Birthplace **Moscow Mills Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Labourer**

MOTHER FATHER

11. Industry or business _____
12. Name **John Mankel**
13. Birthplace **Germany**
(City, town, or county) (State or foreign country)
14. Maiden name **Lena Miller**
15. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Rowland Mankel**
(b) Address **Moscow Mills Mo.**

17. (a) **Burial** (b) Date thereof **June 30 1945**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Anderson Hill Cem.**

18. (a) Signature of funeral director **W. Wayne Mc Coy**

(b) Address **3501 N. 1st St.**

19. (a) **July 3, 1945** (b) **Taylor M. P. Brown**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **28** year **1945** hour **6** minute **30 A.** M.

21. I hereby certify that I attended the deceased from **June 15** to **June 28**, 19**45**.
that I last saw him alive on **June 28**, 19**45**, and that death occurred on the date and hour stated above.

Immediate cause of death **Cardio-renal disease**

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 **J. C. Erickson** (M. D. or other)

Address **St. Mary, Mo.** Date **July 9/45**

Duration _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 7-12-45

JUL 23 1945

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 Wayne Mc Coy

Licensed Embalmer No. 3586

P. O. Address Jroy 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.