. S. No. 2
DM—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Manning

State File No. 24528

FILED JUL 16 1945

Registration District No. 24 Primary Registration District No. 5829 Registrar's No. 31

1. PLACE OF DEATH:
(a) County New Madrid
(b) City or town Portage Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County New Madrid 72
(c) City or town Portageotwp
(If outside city or town limits, write "RURAL")
(d) Street No. 6
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Ethel May Manning
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Oct (Month) 25 (Day) 1929 (Year)

8. AGE: Years 15 Months 7 Days 18 If less than one day hr. min.

9. Birthplace Rector (City, town, or county) Ark (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER 12. Name Ben Manning
13. Birthplace Morehouse (City, town, or county) Mo (State or foreign country)
MOTHER 14. Maiden name Rosey Horn
15. Birthplace Portageville (City, town, or county) Mo (State or foreign country)
16. (a) Informant Ben Manning
(b) Address Portageville, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/13/45 (Month) (Day) (Year)
(c) Place: burial or cremation Portageville
18. (a) Signature of funeral director Piggott Burial Assn
(b) Address Piggott Ark
19. (a) 6-13-45 (Date received local registrar) (b) Ellen DeListe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12 year 1945 hour 4:45 minute p. M.
21. I hereby certify that I attended the deceased from ✓, 19__, to ✓, 19__; that I last saw h ✓ alive on ✓, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Drowned in drainage ditch while in swimming
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy No.

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) accident 72
(b) Date of occurrence June 12-1945
(c) Where did injury occur? New Madrid (City or town) New Madrid (County) Mo. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Farm (Specify type of place)
While at work? no (e) Means of injury
23. Signature Leo Hedgpeth Coroner, (M. D. or other)
Address New Madrid Mo Date signed 6/12-45

1367 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Health Office No. 2
District File Number 745-958
Date Filed 7-13-43

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 Leonard John Largo

Licensed Embalmer No. 4336

P. O. Address Farlagenville, 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.