

FILED NOV 13 1945
128

Registration District No. _____ Primary Registration District No. 2000

1. PLACE OF DEATH:

(a) County GREENE

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

(c) Name of hospital or institution: ST. JOHN'S HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 DAYS
(Specify whether years, months or days)

In this community 23 YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County GREENE

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

(d) Street No. 2132 N. MAIN
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME NANCY ELLEN MANWARING

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCTOBER, day 16, year 1945, hour 4, minute 40 A.M.

21. I hereby certify that I attended the deceased from 10-1, 1945, to 10-16, 1945, that I last saw h. ev. alive on 10-15, and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced DIVORCED

6. (b) Name of husband or wife ROBERT MANWARING 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased FEBRUARY 14, 1873
(Month) (Day) (Year)

Immediate cause of death Arterio-sclerotic vascular disease

Due to _____

Due to _____

Other conditions 1310
(Include pregnancy within 3 months of death)

8. AGE: Years 72 Months 8 Days 2 If less than one day _____ hr. _____ min.

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

10. Usual occupation NONE

11. Industry or business NONE

12. Name ROBERT FLEMING

13. Birthplace UNKNOWN UNKNOWN
(City, town, or county) (State or foreign country)

14. Maiden name MARY M. BRAGG

15. Birthplace UNKNOWN UNKNOWN
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. ROBERTA FRAZEE

(b) Address 2132 N. MAIN, SPRINGFIELD, MO.

17. (a) BURIAL (b) Date thereof OCT. 18, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation EAST LAWN CEMETERY

18. (a) Signature of funeral director Fred C. Thieme

(b) Address 1100 B. Knoxville Ave

19. (a) 10-18-45 (b) D. W. Handley
(Date received local registrar) (Registrar's signature)

Major findings: Of operations _____

Of autopsy _____

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? _____

While at work? _____
(Specify type of work) (e) Means of injury _____

23. Signature Max [Signature] (M. D. or other) MD

Address [Signature] Date signed 10-17-45

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

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..... *Fred C. Thieme*

Licensed Embalmer No. *2899*

P. O. Address..... *Springfield, 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.

J