

V. S. No. 2
OM-9441
Rev. 5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **36777**
Registrar's No. **338**

FILED DEC 12 1945

Registration District No. **77**

Primary Registration District No. **3008**

14
1
2

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

1. PLACE OF DEATH:
(a) County **Lallawney**
(b) City or town **Sultona**
(c) Name of hospital or institution **State Hospital**
(d) Length of stay: **14-5M-3d**
In this community **14-5M-3d**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo** (b) County **Marion**
(c) City or town **Vichy**
(d) Street No. **11**
(e) Citizen of foreign country? **No**

3. (a) PRINT FULL NAME **Julius Manhenke**
(b) If veteran, name war
(c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Nov**, day **22**
year **1945** hour **11:50 A.** M.
21. I hereby certify that I attended the deceased from **7-1-45**
1945 to **11-22-45**
that I last saw him alive on **11-22-45**
and that death occurred on the date and hour stated above.

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

Immediate cause of death **Cerebral Apoplexy**
Due to **Generalized Arteriosclerosis**

7. Birth date of deceased **Aug. 14 1882**
(Month) (Day) (Year)
8. AGE: Years **63** Months **3** Days **8**

Due to **Generalized Arteriosclerosis**
Other conditions (Include pregnancy within 3 months of death)

9. Birthplace **Marion County, Mo**
(City, town, or county) (State or foreign country)
10. Usual occupation **Farmer**

Major findings: Of operations **None**
Of autopsy **None**

11. Industry or business
12. Name **Henry Manhenke**
13. Birthplace **Germany**
14. Maiden name **Daisy Rinde**
15. Birthplace **Germany**

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

16. (a) Informant **Mrs. Grace Manhenke**
(b) Address **Vichy, Mo**
17. (a) **Removal** (b) Date thereof **11-22-1945**
(c) Place: burial or cremation **Funeral Home**
18. (a) Signature of funeral director **George W. Rawson**
(b) Address **Vichy, Mo**
19. (a) **11-22-1945** (b) **Josie Morant**
(Date received local registrar) (Registrar's signature)

While at work (Specify type of place) (c) Means of injury
Signature **George W. Rawson** M. D. or other
Address **Sultona** Date signed **11-22-45**

(Licensed Embalmer's Statement on Receiving Body) **George W. Rawson**

199
1/241
86

RECEIVED

District Health Officer No. 9,

District File Number _____

Date Filed 12-11-45

NOV 24 1945

NOV 28 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 H. B. Birmingham

Licensed Embalmer No. 3664

P. O. Address Peoria, 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.