S. No. 2
M—8-43
5-17-39
P I X37823

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

579

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 4 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 2624

Registration District No. 114 Primary Registration District No. 5452 Registrar's No. 13

1. PLACE OF DEATH:

(a) County Franklin Meremec Tw

(b) City or town Leslie Rural.
(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 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Franklin 36

(c) City or town Rural. 0
(If outside city or town limits, write "RURAL")

(d) Street No. Leslie 0
(If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME John P. Manhart.

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

4. Sex M O 5. Color or race W. 6. (a) Single, widowed, married, divorced M. 1

6. (b) Name of ~~husband~~ or wife Mary Manhart 6. (c) Age of ~~husband~~ or wife if alive 77 years

7. Birth date of deceased June (Month) 1. (Day) 1866 (Year)

8. AGE: Years 78 Months 7 Days 18. If less than one day ..... hr. ..... min.

9. Birthplace ..... (City, town, or county) Germany 4 (State or foreign country)

10. Usual occupation Farmer. 1

11. Industry or business

FATHER
12. Name Pete Manhart ~~Germany~~
13. Birthplace Germany. 4 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Blotzer
15. Birthplace Germany. 4 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Mary Manhart.
(b) Address Leslie Mo Rural Route

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 22 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Neier Mo.

18. (a) Signature of funeral director E. H. Temme
(b) Address Beaufort Mo

19. (a) 1-25-46 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Jan day 19
year 1946 hour 6 minute 30 P M.

21. I hereby certify that I attended the deceased from Jan 14, 1946 to Jan 19, 1946
that I last saw him alive on Jan 18, 1946
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebro Apoplexy	5 da
Due to Chron Arteriosclerosis	Not known
Due to	
Other conditions Chron Nephritis (Include pregnancy within 3 months of death)	Not known

Major findings:
Of operations No operation
Of autopsy No Autopsy 31 b

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

23. Signature [illegible] Mo. (M. D. or other)
Address Beaufort Mo. Date signed 1-20-46

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,

District File Number.....

Date Filed 2-2-46

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 E. H. Jemme, Registered Apprentice No.....,
working under my personal supervision.

Signed E. H. Jemme

Licensed Embalmer No. 3076

P. O. Address Beaufort 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.