

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 22 1946

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 156

Primary Registration District No. 3001

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: Freeman Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 weeks
(Specify whether years, months or days)

In this community I. Mo.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

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

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

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Cemmo Manous

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 30
year 1946 hour 7 minute 30 P.M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years (Day) (Year)

7. Birth date of deceased March 20 1879
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb 27 1946 to Mar 30 1946
that I last saw her alive on Mar 30 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial failure 1 mo Duration

8. AGE: Years Months Days If less than one day
67 0 10 hr. _____ min.

Due to Focal Myocarditis over 1 mo.

Due to Pneumonitis for metastasized carcinoma of gall bladder emboli.

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

9. Birthplace Carthage Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

Major findings: Cholecystectomy 29
(Upper abdominal abscess)

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name John R. Foster

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

14. Maiden name Irene Hill

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

16. (a) Informant Daughter Ruth Webber
(b) Address Calif.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/3-46
(Month) (Day) (Year)

(c) Place: burial or cremation I Mi. S. Granby

18. (a) Signature of funeral director Hedge-Lewis
(b) Address Webb City

19. (a) 4-15-46 (b) Ed. [Signature]
(Date received local registrar) (Registrar's signature)

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 [Signature] (M. D. or other) _____
Address Joplin Mo. Date signed 4-9-46

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

MOTHER FATHER

46-4-847

DEPT OF MDP.

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 Richard Gray Lewis

Licensed Embalmer No. 4405

P. O. Address Webb City 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.