

Registration District No. **38**

Primary Registration District No. **3006**

Registrar's No. **163**

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

1. PLACE OF DEATH:
 (a) County Boone
 (b) City or town Columbia
 (c) Name of hospital or institution: 408 Hitt St.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 5 Years
 In this community 5 Years
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Boone
 (c) City or town Columbia
 (If outside city or town limits, write "RURAL")
 (d) Street No. 408 Hitt St.
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME MARGARET BIGGS MANTIPLY

MEDICAL CERTIFICATION

3. (b) If veteran, None **3. (c) Social Security** None
 name war No.

20. DATE OF DEATH: Month July day 9
 year 1946 hour 11 minute 20 P.M.

4. Sex Female **5. Color or race** White
6. (a) Single, widowed, married, 2 divorced Widowed
6. (b) Name of husband or wife John S. Mantiply **6. (c) Age of husband or wife if** alive years
7. Birth date of deceased 12 - 4 - 1855
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

8. AGE: Years 90 Months 7 Days 5
 If less than one day hr. min.

that I last saw h. _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

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

Immediate cause of death Was called last night about 11. But was alerted before I got there. Duration _____

10. Usual occupation Retired

Due to Coronary block
 Due to Age + Arteriosclerosis

11. Industry or business _____

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

MOTHER FATHER
12. Name Abbott Shotwell
13. Birthplace Missouri
 (City, town, or county) (State or foreign country)
14. Maiden name Lizzie Biggs
15. Birthplace Missouri
 (City, town, or county) (State or foreign country)

Major findings: None
 Of operations None
Of autopsy None

PHYSICIAN

 Underline the cause to which death should be charged statistically.

16. (a) Informant William E. Mantiply
(b) Address 408 Hitt St., Columbia, Mo.

22. If death was due to external causes, fill in the following:

17. (a) Removal (b) Date thereof 7-11-46
 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Clarksville, Mo.

(a) Accident, suicide, or homicide (specify) No
 (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? _____

18. (a) Signature of funeral director Parsons Funeral Service
(b) Address Columbia, Mo.

While at work? No (Specify type of place) (e) Means of injury _____

19. (a) (Date received local registrar) (b) _____ (Registrar's signature)

23. Signature Chas Dyant (M. D. or other) _____
Address Columbia, Mo. Date signed 7-10-46

FEB 25 1948

RECEIVED
District Health Officer No. 9,

District File Number.....

Date Filed 2-19-46

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Thomas L. Lanning

Licensed Embalmer No. 4132

P. O. Address Columbia, Md.

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.