. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 16 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 24020

Registration District No. 156 Primary Registration District No. 2001 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:
Joplin General 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days (Specify whether
In this community entire life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper 49
(c) City or town Joplin 2
(If outside city or town limits, write "RURAL")
(d) Street No. 2525 Willard 5
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Frank Nereaux Manola Jr.
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June 4, 1946 (Month) (Day) (Year)

8. AGE: Years | Months | Days 6 | If less than one day hr. min.

9. Birthplace Joplin (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Child
11. Industry or business

FATHER
12. Name Frank Manola
13. Birthplace Gulfport (City, town, or county) Mississippi (State or foreign country)

MOTHER
14. Maiden name Margaret Flinn
15. Birthplace Joplin (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Mr. Frank Manola
(b) Address 2525 Willard, Joplin, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-12-46 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Park Cemetery
18. (a) Signature of funeral director Parker-Hunsaker
(b) Address 1502 Joplin, Joplin, Mo.
19. (a) 6-14-46 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10 year 1946 hour 2:12 minute P M.
21. I hereby certify that I attended the deceased from June 4, 1946, 19..., to June 10, 1946, 19..., that I last saw him alive on June 10, 1946, 19..., and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Heart & Respiratory failure
Due to
Due to Prematurity
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy 159

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 C. E. Heinlen (M. D. or coroner) D.O.
Address 521 West 4th. St. Date signed 6/12/46

(Licensed Embalmer's Statement on Reverse Side) Joplin, Mo.

1281

46-6-549

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.