. S. No. 2 –
OM—8-43
v. 5-17-39
I X37823

8-26-46

428 Cedar.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED OCT 3 1946

State File No. 32462

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 114

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

1. PLACE OF DEATH:

(a) County Vernon

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

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

(d) Length of stay: In hospital or institution 11 days (Specify whether

In this community ~~11 days~~ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates 7

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

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

(e) Citizen of foreign country? no (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME Louella J. Manley

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex F 1

5. Color or race W

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Joe Manley

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased December (Month) 13 (Day) 1890 (Year)

8. AGE: Years 55 Months 8 Days 23 If less than one day hr. min.

9. Birthplace Shawnee Twp (City, town, or county) Bates Co Mo (State or foreign country) 0

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name James A. Cummings 1
13. Birthplace (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Elizabeth C. Nichols
15. Birthplace (City, town, or county) Ohio (State or foreign country) 1

16. (a) Informant Joe Manley

(b) Address Butler Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-7-46 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olivet Cem

18. (a) Signature of funeral director Cereath & Six

(b) Address Adrian Mo.

19. (a) 9-9-46 (Date received local registrar) (b) Kathryn Yancey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month ~~Aug~~ Sept day 6 year 1946 hour 10 minute 10 P M.

21. I hereby certify that I attended the deceased from Aug 26, 1946 to Sept 6, 1946 that I last saw her alive on Sept 6, 1946; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Intestinal obstruction	3 days
Due to: Malignant tumor of ovary, type unknown	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 56A

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) 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? (Specify type of place) 0

While at work? (e) Means of injury

23. Signature Roy W Pearce (M. D. or other) MD

Address Nevada Mo Date signed 6 Aug 46

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(Licensed Embalmer's Statement on Reverse Side)

R[illegible]
D[illegible] No. 7
Li[illegible] 9-46-971
Date Filed 10-2-46

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 Fred T. Creath, Registered Apprentice No. ....., working under my personal supervision.

Signed Fred T. Creath

Licensed Embalmer No. 3343

P. O. Address Adrian, 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.