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 NOV 25 1946

Registration District No. 42

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 36147

Primary Registration District No. 1000

Registrar's No. 1290

1. PLACE OF DEATH:

(a) County: Buchanan

(b) City or town: St. Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 903 North Noyes Blvd.,
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: Not
In this community: 65 years 3 months 14 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Buchanan

(c) City or town: St. Joseph
(If outside city or town limits, write "RURAL")

(d) Street No.: 903 North Noyes Blvd.,
(If rural, give location)

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

If yes, name country:

3. (a) PRINT FULL NAME: Minnie Eberhardt Mannschreck

3. (b) If veteran, name war: No

3. (c) Social Security No.: None

4. Sex: Female

5. Color or race: White

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

6. (b) Name of husband or wife: Samuel G. Mannschreck

6. (c) Age of husband or wife if alive: 70 years

7. Birth date of deceased: July (Month) 22 (Day) 1881 (Year)

8. AGE: Years 65 | Months 3 | Days 14 | If less than one day: hr. min.

9. Birthplace: St. Joseph (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business:

MOTHER FATHER

12. Name: Louis Eberhardt

13. Birthplace: Unknown (City, town, or county) Germany (State or foreign country)

14. Maiden name: Unknown

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

16. (a) Informant: Samuel G. Mannschreck

(b) Address: 903 No. Noyes Blvd., St. Joseph, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11/9/1946 (Month) (Day) (Year)

(c) Place: burial or cremation: Ashland Cemetery

18. (a) Signature of funeral director: Walter Heierhoffer

(b) Address: St. Joseph, Missouri

19. (a) Nov. 21 1946 (Date received by local registrar) (b) E. C. Jenkins (Registrar's signature)

362 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 6th. year 1946 hour 10 minute 35 P. M.

21. I hereby certify that I attended the deceased from 5/14/46, 19__, to 11/6/46, 19__; that I last saw her alive on 10/12/46, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of Colon	1 yr.?
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): Carcinomatosis of abdomen	

Major findings:
Of operations:
Of autopsy: 46E

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: W. P. Earle (M. D. or other)

Address: St. Joseph, Mo. Date signed: 11/8

JAN 3 1942

MAR 25 1954

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 Albert R. Harrington

Licensed Embalmer No. 3258 Missouri.

P. O. Address St. Joseph, Missouri.

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.