

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

1. PLACE OF DEATH:

(a) County Jefferson

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

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

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community two months
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson

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

(d) Street No. 2nd Street
(If rural, give location)

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

3. (a) PRINT FULL NAME JUSTINE MANNING

(b) If veteran, name war _____

(c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 3rd
year 1946 hour 11 minute 20 P. M.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Daniel Manning

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

7. Birth date of deceased June (Month) 15 (Day) 1869 (Year)

21. I hereby certify that I attended the deceased from Oct 1, 1946, to Nov 3, 1946
(that I last saw her alive on Nov 2, 1946
and that death occurred on the date and hour stated above.

8. AGE: Years 79 Months 4 Days 28
If less than one day _____ hr. _____ min.

Immediate cause of death: Cerebral Haemorrhage 3 days
Due to Arterio-sclerosis & Hypertension 3 yrs
Due to _____

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

10. Usual occupation Housewife

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

11. Industry or business _____

12. Name Frank Bourbon

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

14. Maiden name Mary Sansoucie

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

Major findings: No

Of operations _____

Of autopsy None

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

16. (a) Informant Mrs Pearl Shelley

(b) Address Herculaneum, Missouri

17. (a) Burial (b) Date thereof 11/8/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Clair, Missouri

18. (a) Signature of funeral director Fink Funeral Parlor

(b) Address Festus, Missouri

19. (a) 11/21/46 (b) Clara Brown
(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? _____

(Specify type of injury) _____

While at work? _____ (c) Means of injury _____

23. Signature Dr. Ernest J. Seem (M. D. or other) MD
Address Herculaneum, Mo Date signed 11/7/46

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 11/12/46

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, of by
Eleuan Province, Registered Apprentice No.
working under my personal supervision.

Signed Eleuan Province

Licensed Embalmer No. 3403

P. O. Address Festus, 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.