

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

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

Registration District No. **21948**

Primary Registration District No. **4373**

Registrar's No. **11**

1. PLACE OF DEATH:
 (a) County **Nodaway**
 (b) City or town **Barnard**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
No. 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **No.** (Specify whether
 In this community **Several years.** (Specify whether
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Nodaway** **74**
 (c) City or town **Barnard** **10**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **0**
 (If rural, give location) **0**
 (e) Citizen of foreign country? **No.** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **Charley Monroe Manley**
3. (b) If veteran, **No.** **3. (c) Social Security** **No.** **No.**
4. Sex **M** **5. Color or** **W** **6. (a) Single, widowed, married,**
race **W** **divorced** **M**
6. (b) Name of husband or wife **Francis Andress Manley** **6. (c) Age of husband or wife if**
alive **76** **years**
7. Birth date of deceased **Oct - 14 - 1863**
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	83	2	6	hr. min.

9. Birthplace **Monroe County, Iowa**
 (City, town, or county) (State or foreign country)

10. Usual occupation **F. Farmer**

11. Industry or business _____

12. Name **J. F. Manley**
13. Birthplace **Unknown** **Unknown**
 (City, town, or county) (State or foreign country)
14. Maiden name **Mary - Unknown**
15. Birthplace **Unknown** **Unknown**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Roy M. Manley**

(b) Address **Barnard MO**

17. (a) Burial **(b) Date thereof** **12-22-46**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Gairaid Cemetery**

18. (a) Signature of funeral director **Campbell Funeral Home**
(b) Address **Marionville, Missouri**

19. (a) Dec 21 - 1946 **(b) Mrs E. G. Crenshaw**
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **December** Day **20th** Year **1946**
 hour **3** minute **00** A.M.

21. I hereby certify that I attended the deceased from **Nov. 4 - 1946** **to** **Dec 20 1946**
that I last saw him alive on **Nov. 11, 1946**
and that death occurred on the date and hour stated above.

Immediate cause of death **Heart failure from**
myocardial degeneration
Due to **and Coronary**
Sclerosis.

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

Major findings:
 Of operations _____
 Of autopsy **AAA**

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 on or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
Means of injury _____

23. Signature **Chas. J. Bell** (M/D or other) **M.D.**
December 20/1946 **12/20/46**
 Address _____ Date signed _____

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

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 Embalmer No.
working under my personal supervision.

Signed.....

DISTRICT HEALTH OFFICER
Cameron, Mo.
William Campbell

Licensed Embalmer No. *2620*

P. O. Address *Marionville, 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.