

FILED FEB 17 1947

Registration District No. 17

Primary Registration District No. 5250

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Chariton
(b) City or town Rural Brunswick
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 80 years years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Chariton
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Charles August Manson

3. (b) If veteran, name war _____ No. _____
3. (c) Social Security _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife Eveline Sleyster 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 7 1863
(Month) (Day) (Year)

8. AGE: Years 83 Months 10 Days 1 If less than one day _____ hr. _____ min.

9. Birthplace Brunswick Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Henry Manson

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

14. Maiden name Augusta Grotjan

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

16. (a) Informant Henry Manson

(b) Address Brunswick

17. (a) Burial (b) Date thereof Jan 11 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elliott Grove

18. (a) Signature of funeral director John A. Cantlon

(b) Address Brunswick Mo

19. (a) Jan 10 47 (b) Willed Bone
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 8th
year 1947 hour 5 minute 45 P.M.

21. I hereby certify that I attended the deceased from Sept. 6
1946 to Jan 8th 1947

that I last saw him alive on Jan. 8 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Cardiac Failure Terminal

Due to Chronic Nephritis 4 mo.

Due to _____

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

Major findings: Of operations 131B

Of autopsy _____

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? _____

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

23. Signature J.P. Fowler M.D. or other _____

Address Brunswick Mo Date signed 1-9-47

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 2-15-47

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 John A. Cantlon

Licensed Embalmer No. 4387

P. O. Address Brunswick, 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.