

S. No. 2
M-8-43
5-17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 5 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13790
Registrar's No. 168

Registration District No. 150 Primary Registration District No. 5572

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Rural Prairie
(c) Name of hospital or institution: Jackson County E. Hospital
(d) Length of stay: In hospital or institution 2 days
In this community 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Hickman Mills
(d) Street No. Route # 2
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Abe Manning
(b) If veteran, name war No
(c) Social Security No. No

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 23rd
year 1947 hour 4th minute 10 P. M.
21. I hereby certify that I attended the deceased from 4-21-47 to 4-23-47
that I last saw him alive on 4-23-47
and that death occurred on the date and hour stated above.

4. Sex male
5. Color or race W
6. (a) Single, widowed, married, divorced T
6. (b) Name of husband or wife Jane
6. (c) Age of husband or wife if alive years 18.79
7. Birth date of deceased July 30th 1879

Immediate cause of death: Interstitial pneumonia of both lungs
Duration: 2 days

8. AGE: Years 67 Months 6 Days 23

Other conditions: Myocardiosis
Major findings: None
Of operations: None
Of autopsy: None

9. Birthplace: Douglass County, Missouri

10. Usual occupation: Farmer

11. Industry or business: I

12. Name: Jane Manning

13. Birthplace: Hickman, Missouri

14. Maiden name: Manning

15. Birthplace: Hickman, Missouri

16. (a) Informant: Mrs. Jane Manning

(b) Address: Hickman Mills, Mo.

17. (a) Burial (b) Date thereof: 4-25-47

(c) Place: burial or cremation: Palestine, Tenn.

18. (a) Signature of funeral director: N.B. Langford

(b) Address: Lees Summit, Mo.

19. (a) Date received local registrar: April 26 1947 (b) Registrar's signature: Donald C. ...

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

Signature: Jack E. ...
Address: 171 West Walnut Date signed: 4-25-47

FEB 13 1959

MAR 20 1959

VS
MAR 9 3 1959

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 *W. B. Lane*

Licensed Embalmer No. *3823*

P. O. Address *Lee's Summit, 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.