

Registration District No. 128

Primary Registration District No. 2000

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

1. PLACE OF DEATH:

(a) County Greene

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

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

(d) Length of stay: In hospital or institution..... (Specify whether years, months or days) (Specify whether

In this community.....

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39

(c) City or town Springfield 2
(If outside city or town limits, write "RURAL")

(d) Street No. 1845 North Washington Avenue 6
(If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME CLAUD WILLIAM "TOAD" MANNING

3. (b) If veteran, name war Unknown

3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White

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

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

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

7. Birth date of deceased March 15, 1919
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

28	2	10	hr. min.
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9. Birthplace Hansfield, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Mechanic

11. Industry or business Automobiles

12. Name Charles Manning

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

14. Maiden name Certie De Case

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

16. (a) Informant Irene Manning (wife)

(b) Address Springfield, Missouri

17. (a) Burial (b) Date thereof 6/1/1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hazelwood Cemetery

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home

(b) Address Springfield, Missouri

19. (a) 5-26-47 (b) W. J. Hensley M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25 year 1947 hour 3 minute 10 A. M.

21. I hereby certify that I attended the deceased from May 22, 1947 to May 25, 1947; that I last saw h. i. m. alive on May 24, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death: Gun shot wound upper abdomen 3 days Duration

Beginning Broncho-pneumonia

Due to 166

Other conditions: Rheumatic Heart Disease
(Include pregnancy within 3 months of death)

Major findings: Perforation of Ileum

Of operations.....

Of autopsy: Beginning Broncho-pneumonia
Rheumatic valvular Heart Disease

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) Homicide

(b) Date of occurrence May 22-1947

(c) Where did injury occur? Springfield Greene Missouri
(City or town) (County) (State)

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

While at work? no (Specify type of place)

(e) Means of injury C

23. Signature J. G. Beckstead M.D. (M. D. or other)

Address 318 1/2 E Commercial Springfield Mo Date signed 25 May 1947

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.....

Lee Mason

working under my personal supervision.

Registered Apprentice No. *477*

Signed

Jewell E. Mudd

Licensed Embalmer No. *2831*

P. O. Address *Springfield 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.

Mason & Co.