

FILED AUG 18 1947

State File No. _____

Registration District No. 25

Primary Registration District No. 3048

Registrar's No. 162

1. PLACE OF DEATH:

(a) County Nodaway
(b) City or town Maryville, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 321 East 7th.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 30 Years
years, months or days)

3. (a) PRINT FULL NAME CORA GERTRUDE MANLEY

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Franklin Manley 6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased March 18, 1876
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>4</u>	<u>18</u>	<u>- hr. - - min.</u>

9. Birthplace Grachet, Wisconsin
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business None

12. Name Marion Wedge

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

14. Maiden name Lucinah Shultz

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

16. (a) Informant Franklin Manley

(b) Address Maryville, Missouri

17. (a) Burial (b) Date thereof aug 9, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Miriam Cemetery

18. (c) Signature of funeral director Price Funeral Home
(b) Address 120 East 1st, Maryville, Mo.

19. (a) 8-8-47 (b) Bess Holt
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway
(c) City or town Maryville
(If outside city or town limits, write "RURAL")
(d) Street No. 1416 East Edwards
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 6th
year 1947 hour 1 minute 30 P.M.

21. I hereby certify that I attended the deceased from Dec 14-1946
to Aug 6 1947
that I last saw him alive on Aug 6 and that death occurred on the date and hour stated above.
Immediate cause of death Heart & Respiratory Failure Duration 477

Due to Old Myocardial Degeneration
Analisis Agitans (same)

Due to Malnutrition and
exhaustion from the "Agitans"

Other conditions (include pregnancy, within 6 months of death)
Major findings: Of operations
Of autopsy g3

PHYSICIAN
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) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, or farm, in industrial place, in public place?
While at work? _____ (Specify type of place) _____
Means of injury _____
23. Signature Chas. Bell (M. D. or other) M.D.
Address Maryville, Mo Date signed 8/9/47

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

74
1
2

**DISTRICT HEALTH OFFICE
Cameron, Mo.**

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 W. Price*

Licensed Embalmer No. *4281*

P. O. Address..... *Maryville 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.