

S. No. 2  
M-5-43  
7-5-17-39  
P 1 X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED SEP 16 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 30263

Registration District No. 7 Primary Registration District No. 5032 Registrar's No.

1. PLACE OF DEATH:  
(a) County Audrain  
(b) City or town Rush Hill  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Home- Linn Township  
(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)  
In this community 50 years

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Audrain  
(c) City or town Rush Hill  
(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 Robert Harrison McManamy  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Della Francis McManamy 6. (c) Age of husband or wife if alive 75 years  
7. Birth date of deceased April 3 1871  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
76 4 22 hr. min.

9. Birthplace Lewistown Pa.  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business \_\_\_\_\_

MOTHER, FATHER { 12. Name Samuel McManamy  
13. Birthplace Pennsylvania  
(City, town, or county) (State or foreign country)  
14. Maiden name Ellen Peters  
15. Birthplace Penn.  
(City, town, or county) (State or foreign country)

16. (a) Informant Della McManamy  
(b) Address Rush Hill, Mo.

17. (a) Burial (b) Date thereof Aug. 27, 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Laddonia Cemetery

18. (a) Signature of funeral director H. A. Precht & Son

(b) Address Mexico, Mo.

19. (a) Sept. 6, 47 (b) Mrs. Joe Carter  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 26  
year 1947 hour 17 minute 30 A M.  
21. I hereby certify that I attended the deceased from Jan 10  
1947, to Aug 26, 1947;  
that I last saw him alive on Aug 24, 1947;  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Chronic  
Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy gmp  
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? 7 (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 0

23. Signature W. B. McCall (M. D. or other) \_\_\_\_\_

Address Laddonia Mo Date signed 8-27-47

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

RECEIVED  
District Health Officer No. 10  
District File Number 9-47-1248  
Date Filed SEP 15 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.....

*Kenneth C. Robinson*

Registered Apprentice No. *56*

working under my personal supervision.

Signed *Paul J. Baller*

Licensed Embalmer No. *4206*

P. O. Address *Centralia, 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.**