No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42102

FILED DEC 30 1947

Registration District No. 155 Primary Registration District No. ~~2266~~ 5577 Registrar's No. 184

1. PLACE OF DEATH:
(a) County: Jasper
(b) City or town: Asbury Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: JASPER TWP; RURAL.
(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: 1 month

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Jasper
(c) City or town: Asbury
(If outside city or town limits, write "RURAL")
(d) Street No.: RURAL—JASPER TWP.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Phyliss Roselle McManis
3. (b) If veteran, name war: —
3. (c) Social Security No.: —
4. Sex: F
5. Color or race: W
6. (a) Single, widowed, married, divorced: S.
6. (b) Name of husband or wife: —
6. (c) Age of husband or wife if alive: — years
7. Birth date of deceased: Oct. (Month) 21 (Day) 1947 (Year)

8. AGE: Years —; Months 1; Days 7; If less than one day ... hr. ... min.

9. Birthplace: Asbury (City, town, or county) Mo (State or foreign country)
10. Usual occupation: —
11. Industry or business: —
FATHER
12. Name: Eugene McManis
13. Birthplace: — (City, town, or county) — (State or foreign country)
MOTHER
14. Maiden name: Helen Stubblefield
15. Birthplace: — (City, town, or county) — (State or foreign country)
16. (a) Informant: Eugene McManis
(b) Address: Asbury Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12-1-1947 (Month) (Day) (Year)
(c) Place: burial or cremation: Carl Junction Mo
18. (a) Signature of funeral director: Joe Lowery
(b) Address: Carl Junction Mo
19. (a) DEC. 9, 1947 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 28 year 1947 hour 3 minute 45 A.M.
21. I hereby certify that I attended the deceased from Oct 21, 1947, to Nov. 28, 1947; that I last saw her alive on Nov 15, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death: accidental suffocation — Duration: —
Due to:
Due to:
Other conditions: None
(Include pregnancy within 3 months of death)
Major findings:
Of operations: no
Of autopsy: no

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): accident
(b) Date of occurrence: Nov. 28 - 1947
(c) Where did injury occur? Asbury, Jasper, Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? no (e) Means of injury: Suffocation
23. Signature: [illegible] (M. D. or other) D.O.
Address: Asbury Mo. Date signed 12/4/47

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

47-12-954

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.