S. No. 2
M—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 28 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 590

Registration District No. 77 | Primary Registration District No. 3016 | Registrar's No. 9

26
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Cole

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

(c) Name of hospital or institution: Missouri State Penitentiary Hospital 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 9 yr. 4 mo. 28 days.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape G. 21

(c) City or town Cape Girardeau 5
(If outside city or town limits, write "RURAL")

(d) Street No. Unknown 4
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME John B. Maner

3. (b) If veteran, name war Unknown

3. (c) Social Security No. Unknown

4. Sex Male 0

5. Color or race W

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Stella

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

7. Birth date of deceased July (Month) 22 (Day) 1901 (Year)

8. AGE:

Years	Months	Days	If less than one day
46	5	18	hr. min.

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

10. Usual occupation Farmer 1

11. Industry or business

FATHER
12. Name Unknown 9
13. Birthplace Unknown (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name Ruth Hampton
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mo. State Prison Hosp. Records

(b) Address Jefferson City Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan-13-1948 (Month) (Day) (Year)

(c) Place: burial or cremation Cape Girardeau, Mo.

18. (a) Signature of funeral director Thorpe-Gordon Funeral Home

(b) Address Jefferson City, Missouri

19. (a) 1-12-48 (Date received local registrar) (b) R. P. Dorris MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 10
year 1948 hour 12:27 minute P. M.

21. I hereby certify that I attended the deceased from 1-10 1948 to 1-10 1948 that I saw the deceased Dead when viewed 19 and that death occurred on the date and hour stated above.

Immediate cause of death Murdered Skull fracture Concussion of Brain

Due to Being struck on head with

Due to A Claw hammer

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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) Homicide

(b) Date of occurrence 1-10-48

(c) Where did injury occur? Jefferson City Cole Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Mo State Prison (Specify type of place)

While at work? (e) Means of injury Hammer

23. Signature J. P. Leslie Coroner (M. D. or other)

Address Jefferson City Mo. Date signed 1-10-48

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

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 1-27-48

JAN 28 1948

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 Omer Howard Jones Jr.

Licensed Embalmer No. 7411

P. O. Address Jefferson

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.