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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 12 1948

Registration District No. 128

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2000

State File No. 12182

Registrar's No. 342

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:
441 N. Nettleton
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ✓ 25 yrs.
years, months or days)

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. 441 N. Nettleton 6
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME Robert L. Manley

3. (b) If veteran, name war None

3. (c) Social Security No. ?

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife ?

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

7. Birth date of deceased March (Month) 11 (Day) 1880 (Year)

8. AGE: Years 68 | Months 1 | Days 11 | If less than one day ..... hr. ..... min.

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

10. Usual occupation Retired Painter

11. Industry or business Painter

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

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

16. (a) Informant Mrs. Davidson
(b) Address 441 N. Nettleton

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/24/48 (Month) (Day) (Year)
(c) Place: burial or cremation Hazelwood Cemetery

18. (a) Signature of funeral director J. W. Klingner & Co.
(b) Address Springfield, Mo.

19. (a) 4-23-48 (Date received local registrar) (b) W. E. Handley MD (Registrar's signature) 111

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22
year 1948 hour 1 minute 30 a.M.

21. I hereby certify that I attended the deceased from 2-23, 1948, to 4-22, 1948
that I last saw him alive on 4-15, 1948;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Thrombosis To my knowledge	2 mo
Due to: Chronic Cardio Vascular disease	D.K.
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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, on farm, in industrial place, in public place? ..... (Specify type of place)
While at work? ..... (e) Means of injury 0 ✓

23. Signature N. K. Pope (M. D. ~~or other~~)
Address Springfield Mo. Date signed 4-22-48

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 4071

P. O. Address.....

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.