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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 15 1948

Registration District No. 141

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3025

State File No. 36311

Registrar's No. 50

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

1. PLACE OF DEATH:

(a) County: HOWELL

(b) City or town: WEST PLAINS, MO. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: DAVIDSON ST. (Res. of Leonard Manze) 1 (If not in hospital or institution, write street, number or location)

(d) Length of stay: In hospital or institution: No (Specify whether

In this community: 60 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED: 46

(a) State: MISSOURI (b) County: HOWELL

(c) City or town: WEST PLAINS, 1 (If outside city or town limits, write "RURAL")

(d) Street No.: NORTH SUBURBS (If rural, give location) 10

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

If yes, name country

3. (a) PRINT FULL NAME: DONATUS ANTONIO MANZE

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex: male 0

5. Color or race: white

6. (a) Single, widowed, married, divorced: widowed 2

6. (b) Name of husband or wife: Addie Eliz. Heath

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

7. Birth date of deceased: July (Month) 26 (Day) 1862 (Year)

8. AGE: Years 86 Months 3 Days 19 If less than one day hr. min.

9. Birthplace: (City, town, or county) ITALY 5 (State or foreign country)

10. Usual occupation: MERCHANT (Retired)

11. Industry or business

FATHER
12. Name: Manze
13. Birthplace: JULIA M (City, town, or county) ITALY 5 (State or foreign country)

MOTHER
14. Maiden name: JULIA MASSEY
15. Birthplace: (City, town, or county) ITALY 5 (State or foreign country)

16. (a) Informant: LEONARD MANZE
(b) Address: WEST PLAINS, MO.

17. (a) STUART UNION CEM. (Burial, ~~cremation, or removal~~) (b) Date thereof: Nov. 16, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: SOUTH FORK TWP. HOWELL CO., MO. 1

18. (a) Signature of funeral director: Hal Thornburgh
(b) Address: WEST PLAINS, MO.

19. (a) Dec 2-48 (Date received local registrar) (b) Beatrice Cook (Registrar's signature) 374

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: NOVEMBER day: 15, year: 1948 hour: 1 minute: 45 A.M.

21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....; that I last saw h..... alive on ....., 19.....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: (NATURAL CAUSES)	
Chronic Myocarditis	
Due to	
Due to	
Other conditions: Dropsical Extremities. (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 938

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)

(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) 3

While at work? (e) Means of injury

23. Signature: Mayme C. Thornburgh (M. D. or other) CORONER

Address: WEST PLAINS, MO. Date signed: 11/18/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 12-6-48
District Health Officer No. 5,
District Number 1248753
Date Filed 12-6-48

DEC 11 1953

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 Hal Thornburgh

Licensed Embalmer No. 3408

P. O. Address West Plains, 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.