

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

Registration District No. 2

Primary Registration District No. 5019

State File No. ....

Registrar's No. 298

1. PLACE OF DEATH:  
 (a) County Andrew  
 (b) City or town Whitesville  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 12 yrs  
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Mo (b) County Andrew  
 (c) City or town Whitesville  
 (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 Audrey Blaine Manning  
 3. (b) If veteran, name war. ....  
 3. (c) Social Security No. ....

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Dec day 26  
 year 1948 hour 2 min 45 A.M.  
 21. I hereby certify that I attended the deceased from Dec 22  
1948 to Dec 26 1948  
 that I last saw him alive on Dec 24 1948  
 and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white  
 6. (a) Single, widowed, married, divorced married  
 (b) Name of husband or wife Jane Whitham Manning  
 6. (c) Age of husband or wife if alive 60 years  
 7. Birth date of deceased Feb 24 1884  
 (Month) (Day) (Year)

Immediate cause of death Chronic interstitial nephritis  
 Duration 2 yrs

8. AGE: Years 64 Months 10 Days 2  
 If less than one day 1 hr. 1 min.

Due to MI  
 Due to MI  
 Other conditions (include pregnancy within months of death) MI  
 Major findings of operations MI  
 Of autopsy MI

9. Birthplace Whitesville (City, town, or county) Mo (State or foreign country)  
 10. Usual occupation Farming

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

11. Industry or business  
 12. Name Michael K. Manning  
 13. Birthplace Johnston (City, town, or county) Tenn (State or foreign country)  
 14. Maiden name Anna Delhart  
 15. Birthplace Henry Co (City, town, or county) Ind. (State or foreign country)

16. (a) Informant Earl B. Estes  
 (b) Address Whitesville Mo.  
 17. (a) Burial (b) Date thereof 12-27-48  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Whitesville

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) .....

18. (a) Signature of funeral director E C Breat  
 (b) Address Salisbury Mo  
 19. (a) 12-23-48 (b) Lillian Spunk  
 (Date received local registrar) (Registrar's signature)

Signature Art Kelly (M. D. or) Dec 26 1948  
 Address Randall Mo Date signed

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**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..... *E. C. Breit* .....

Licensed Embalmer No. *2650* .....

P. O. Address *Savannah 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.