

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13465

State File No.

FILED APR 26 1949

BIRTH NO. _____ REG. DIST. NO. 297 PRIMARY REG. DIST. NO. 6022 Registrar's No. 35

1. PLACE OF DEATH a. COUNTY <u>Ray</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural-Richmond TWP.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - Richmond,</u>	
c. LENGTH OF STAY (In this place) <u>60 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>5 miles NE Richmond, Missouri</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Fred</u>	b. (Middle) <u>(n)</u>	c. (Last) <u>Manning</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>April 13 1949</u>

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>November 21, 1888</u>	9. AGE (In years last birthday) <u>60</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>22</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Ray County Missouri</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Mark Manning</u>	13b. MOTHER'S MAIDEN NAME <u>Florence McCann</u>	14. NAME OF HUSBAND OR WIFE <u>Cora Jane Manning</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>None</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Cora Jane Manning, Richmond</u>	ADDRESS <u>Richmond</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial Pneumonia</u>		
	ANTECEDENT CAUSES <u>Bronchial Asthma</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>		<u>2 1/2 wks</u>	

19a. DATE OF OPERATION <u>none</u>	19b. MAJOR FINDINGS OF OPERATION <u>none</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>none</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>none</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>none</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>none</u>
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22. I hereby certify that I attended the deceased from April 8, 1949, to April 14, 1949, that I last saw the deceased alive on April 14, 1949, and that death occurred at 12:30 P.M. from the causes and on the date stated above.

23a. SIGNATURE <u>E. C. Ray M.D.</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Richmond</u>	23c. DATE SIGNED <u>4-15-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>April 15, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sunnyslope Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Richmond, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>April 4-1949</u>	REGISTRAR'S SIGNATURE <u>Malcolm Jackson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Home Richmond, Missouri</u>	ADDRESS <u>Richmond, Missouri</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
District Health Officer No. 8,
District File Number _____
Date Filed 4-25-49

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 _____
Student Embalmer No. _____
working under my personal supervision.

Student
Student Embalmer

Signed *[Signature]*
Licensed Embalmer No. 4062
P. O. Address *[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.

FILED APR 26 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13465

Supp. File No.

DEATH NO. _____ REG. DIST. NO. 297 PRIMARY REG. DIST. NO. 6023 Registrar's No. 30

1. PLACE OF DEATH a. COUNTY <u>Ray</u>		2. USUAL RESIDENCE (When deceased died. If institution, address before & COUNTY <u>Ray</u> b. STATE <u>Missouri</u>	
3. CITY (If outside corporate limits, with RURAL and give township) a. <u>Rural-Richmond</u>		4. LENGTH OF STAY (In this district) <u>60 days</u>	
5. FULL NAME OF (If not in hospital or institution, also street address or location) HOSPITAL OR INSTITUTION <u>5 miles NE Richmond, Missouri</u>		6. STREET ADDRESS (If rural, give location) <u>5 miles NE Richmond</u>	
7. NAME OF DECEASED a. (First) <u>Fred</u> (Type or Print)		8. DATE (Month) (Day) (Year) OF DEATH <u>April 13 1949</u>	
9. SEX <u>Male</u>		10. COLOR OR RACE <u>White</u>	
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Indicate)		12. DATE OF BIRTH <u>November 21, 1888</u>	
13. USUAL OCCUPATION (Give kind of work describing most of working life even if retired) <u>Farmer</u>		14. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	
15. BIRTHPLACE (State or foreign country) <u>Ray County Missouri</u>		16. CITIZENSHIP (State or foreign country) <u>U.S.A.</u>	
17. FATHER'S NAME <u>Mark Manning</u>		18. MOTHER'S MAIDEN NAME <u>Florence McCann CLARA</u>	
19. NAME OF DECEASED ON DATE <u>XXXXX Jane Manning</u>		20. NAME OF DECEASED ON DATE <u>XXXXX Jane Manning</u>	
21. WAS DECEASED EVER IN U.S. ARMED FORCES? (Type or Print) (If present, give date of service) <u>None</u>		22. SOCIAL SECURITY NO. <u>None</u>	
23. IMPERMANENT SIGNATURE OR NAME <u>Mr. XXXXX Jane Manning, Richmond</u>		24. ADDRESS <u>XXXXX</u>	
25. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) *This does not mean the mode of dying, such as heart failure, etc., or the cause of death, such as suffocation, etc. It means the disease, injury, or complication which caused death.		26. MEDICAL CERTIFICATION CLARA <u>Bronchial Pneumonia</u>	
27. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH? (a) ANTICIPATED CAUSES Under conditions, if any, giving rise to the above cause (a) during the underlying cause last. DUE TO (b) 28. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>		29. DISEASE OR CONDITION <u>Bronchial Asthma</u>	
30. DATE OF OPERATION <u>None</u>		31. MAJOR FINDINGS OF OPERATION <u>None</u>	
32. ACCIDENT SUICIDE HOMICIDE <u>None</u>		33. PLACE OF INJURY (e.g., to street from home, to work, other than home, etc.) <u>None</u>	
34. TYPE OF INJURY <u>None</u>		35. HOW DID INJURY OCCUR <u>None</u>	
36. I hereby certify that I attended the deceased from <u>April 8, 1949</u> to <u>April 14, 1949</u> that I last saw the deceased alive on <u>April 13, 1949</u> and that death occurred at <u>12:30 P.M.</u> from the cause and on the date stated above.			
37. SIGNATURE <u>E. C. Gray MD</u>		38. DATE SIGNED <u>Richmond 4-15-49</u>	
39. BURIAL (Type or Print) <u>Burial</u>		40. DATE <u>April 15, 1949</u>	
41. NAME OF CEMETERY OR CREMATORY <u>Jennslore Cemetery</u>		42. LOCATION (City, town, or county) <u>Richmond, Missouri</u>	
43. DATE DIED BY LOCAL REGISTRY <u>April 14, 1949</u>		44. REGISTRAR'S SIGNATURE <u>Malcolm Jackson</u>	
45. ADDRESS OF DECEASED'S HOME <u>XXXXX</u>		46. ADDRESS OF DECEASED'S HOME <u>XXXXX</u>	

#11-Corrected by affidavit of Funeral Director 7/11/66
WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD