

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16323

FILED MAY 20 1949

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 208 Registrar's No. 208

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| 1. PLACE OF DEATH a. COUNTY JASPER | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JASPER | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JOPLIN | c. LENGTH OF STAY (in this place) 83 yrs. | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JOPLIN | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 1809 Grand | | d. STREET ADDRESS (If rural, give location) 2163 Manitou | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) CHAS. b. (Middle) MCMANIS c. (Last) MCMANIS | | | 4. DATE OF DEATH (Month) (Day) (Year) 5 1 49 | | |
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| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH Apr. 18, 1861 | 9. AGE (In years last birthday) 88 | IF UNDER 1 YEAR Month Day 0 14 | IF UNDER 24 HRS. Hours Min. / |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Illinois | 12. CITIZEN OF WHAT COUNTRY? USA |
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| 13a. FATHER'S NAME John McManis | 13b. MOTHER'S MAIDEN NAME Betty Perry | 14. NAME OF HUSBAND OR WIFE |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS |
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| 18. 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, asphyxia; etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Chronic Myofascitis</i> | | |
| | ANTECEDENT CAUSES 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. | | 592X | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> |
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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
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22. I hereby certify that I attended the deceased from *Apr. 1, 1949*, to *Apr 18, 1949*, that I last saw the deceased alive on *Apr 18, 1949*, and that death occurred at *7:58* m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Deceased or title) <i>Chas McManis</i> | 23b. ADDRESS <i>Joplin Mo</i> | 23c. DATE SIGNED <i>5-3-49</i> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 5-3-49 | 24c. NAME OF CEMETERY OR CREMATORY Forest Park Cemetery | 24d. LOCATION (City, town, or county) (State) Joplin Mo. |
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| DATE REC'D BY LOCAL REG. 5-4-49 | REGISTRAR'S SIGNATURE <i>James Hunsaker</i> | 25. FUNERAL DIRECTOR'S SIGNATURE <i>James Hunsaker</i> | ADDRESS Parker-Hunsaker Mortuary, Joplin, Mo. (Licensed Embalmer's Seal on Reverse Side) |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 F. M. Jones.....

Licensed Embalmer No. 5319.....

P. O. Address Joplin 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.