

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26596

State File No. ....

FILED SEP 12 1949

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 5450 Registrar's No. 37

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

1. PLACE OF DEATH a. COUNTY <b>Gentry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY <b>Gentry</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Miller Twp</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Miller Twp</b>	
c. LENGTH OF STAY (in this place) <b>Life</b>		d. STREET ADDRESS (If rural, give location) <b>4 1/2 Mile S&amp;W Of McFall, Mo</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) <b>Emmons J. Manring</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Aug 26 1949</b>		
a. (First)		b. (Middle)		c. (Last)	

5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>April 18-1892</b>	9. AGE (In years last birthday) <b>57</b> If under 1 Year: Months <b>4</b> Days <b>8</b> If under 12 Mos. Hours <b>8</b> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Miller Twp Gentry Co, Mo</b>	
				12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>	

13a. FATHER'S NAME <b>William S. Manring</b>		13b. MOTHER'S MAIDEN NAME <b>Mattie Ione Jolly</b>		14. NAME OF HUSBAND OR WIFE <b>Mrs Temple Manring</b>	
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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) <b>X</b>		16. SOCIAL SECURITY NO. <b>X</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mr Temple Manring McFall, Mo</b>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b>	
*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. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Thrombosis Portal Vein</b>			years	
		ANTECEDENT CAUSES			years	
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteria-Sclerosis</b>			<b>4500</b>	
		DUE TO (c) <b>Hemiplegia (Cerebral hemorrhage)</b>			<b>1 1/2 years</b>	
		II. OTHER SIGNIFICANT CONDITIONS: <b>Coronary occlusion</b>			<b>5</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Mc Fall, Gentry Mo</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 1926, to 8-26-1949, that I last saw the deceased alive on 8-26-1949, and that death occurred at 11 a. m., from the causes and on the date stated above.

23a. SIGNATURE <b>Frank H. Ross</b> (Degree or title)		23b. ADDRESS <b>Albany, Mo</b>		23c. DATE SIGNED <b>8-27-49</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Aug 28, 49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Fairview</b>	
				24d. LOCATION (City, town, or county) (State) <b>4 1/2 Miles S&amp;W of McFall, Mo</b>	

DATE REC'D BY LOCAL REG. <b>Sept 2-49</b>		REGISTRAR'S SIGNATURE <b>Mrs Edith Childs</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Gromer Funeral Home, Pattonsburg, Mo</b>	
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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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

*G. S. Gomer*

Signed .....  
Student Embalmer

Licensed Embalmer No. \_\_\_\_\_

*2857*

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.