

FILED SEP 26 1949

 THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 30872

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BIRTH NO. _____ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3033 Registrar's No. 150

1. PLACE OF DEATH a. COUNTY <u>Laclede Co</u>		2. USUAL RESIDENCE (Where deceased lived. If institution of residence before death, give name of institution.) a. STATE <u>mo</u>		b. COUNTY <u>Laclede</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lebanon mo</u>		c. LENGTH OF STAY (in this place) <u>70 yrs</u>		c. CITY (if outside corporate limits, write RURAL and give township) OR TOWN <u>Lebanon</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>203 N. Jefferson</u>		d. STREET ADDRESS (If rural, give location) <u>203 N. Jefferson</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Nora</u>		b. (Middle) <u>Elizabeth</u>		c. (Last) <u>Manchester</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>9/13/49</u>					
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>unmarried</u>	8. DATE OF BIRTH <u>Jan. 3, 1879</u>	9. AGE (in years last birthday) <u>70</u>	10. IF UNDER 1 YEAR Months <u>8</u> Days <u>10</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Lebanon mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>W.V. Farris</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah F. Adams</u>	
14. NAME OF HUSBAND OR WIFE <u>L.H. Manchester</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Yore Johnson</u>		ADDRESS <u>Lebanon mo</u>			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis</u> 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. <u>Senility</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)	
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?	
22. I hereby certify that I attended the deceased from <u>Sept 13, 1949</u> , to <u>Sept 13, 1949</u> , that I last saw the deceased alive on <u>Sept 13, 1949</u> , and that death occurred at <u>10:00 pm</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Ferrell H. Johnson MD</u>		23b. ADDRESS <u>Lebanon mo</u>		23c. DATE SIGNED <u>9-16-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept. 16</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lebanon</u>	
24d. LOCATION (City, town, or county) (State) <u>Lebanon mo</u>		DATE REC'D BY LOCAL REG. <u>9-16-1949</u>		REGISTRAR'S SIGNATURE <u>Willa L. May</u>	
424		FUNERAL DIRECTOR'S SIGNATURE <u>Palmer's</u>		ADDRESS <u>Lebanon mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

Received SEP 20 1949
Laclede County Health Unit
File No. 9-89-13 a
Date Filed SEP 20 1949

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 Emmett E. Everett

Licensed Embalmer No. 4748

P. O. Address Lebanon, 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.