

FILED APR 12 1950

STANDARD CERTIFICATE OF DEATH

State File No. 9218

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 64

1493
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 Carthage		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage	
d. FULL NAME OF HOSPITAL OR INSTITUTION 822 Sycamore St.		d. STREET ADDRESS (If rural, give location) 328 Lincoln St.	

3. NAME OF DECEASED (Type or Print)	a. (First) SERILDA	b. (Middle) IDA	c. (Last) MANLEY	4. DATE OF DEATH (Month) (Day) (Year) March 31, 1950
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5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Apr 3, 1878	9. AGE (In years last birthday) 71	10. UNDER 1 YEAR Months 11	11. UNDER 24 HRS. Days 28	12. CITIZEN OF WHAT COUNTRY? USA
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired housewife	10b. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (State or foreign country) Benton County, Arkansas.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Wm Mingling	13b. MOTHER'S MAIDEN NAME Eliza Russell	14. NAME OF HUSBAND OR WIFE John Manley
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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) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mrs. J.C. Six, 822 Sycamore, Carthage	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) chronic nephritis		unknown
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		but sick about 30 days
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		59.2	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 Mar 1, 1950, to Mar 31, 1950, that I last saw the deceased alive on 29th Mar 1950, and that death occurred at 2:20p m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) H. E. ...	23b. ADDRESS Carthage Mo.	23c. DATE SIGNED 1 Apr '50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Apr 3, 1950	24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery	24d. LOCATION (City, town, or county) (State) Carthage Missouri
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DATE REC'D BY LOCAL REG. Apr. 3, 1950	REGISTRAR'S SIGNATURE L. B. Clinton, M.D.	159	25. FUNERAL DIRECTOR'S SIGNATURE Knell Mortuary	ADDRESS Carthage, Mo.
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RECEIVED 4-8-50
Jasper County Health Office

County File Number 50-3-285

Date Filed 4-11-50

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 _____

Robert H. Knell

Licensed Embalmer No. 4459

P. O. Address _____

Carthage

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.