

FILED JUN 2 1950

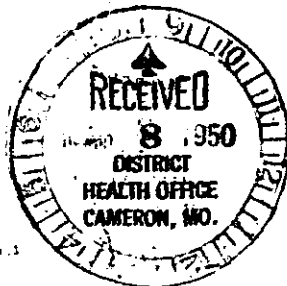
THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19201

BIRTH NO. _____		REG. DIST. NO. <u>374</u>		PRIMARY REG. DIST. NO. <u>4546</u>		Registrar's No. <u>27</u>		
1. PLACE OF DEATH a. COUNTY <u>North</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>mo</u> b. COUNTY <u>North</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Denver mo</u>		c. LENGTH OF STAY (in this place) <u>3920</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Denver mo</u>		1130		
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) <u>0</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Wm.</u> b. (Middle) <u>JOSHUA</u> c. (Last) <u>MANION</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April-10-1950</u>					
5. SEX <u>m</u>	6. COLOR OR RACE <u>w</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>July 12-1870</u>	9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 2 HRS. Hours	
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>Retired</u>		11. BIRTHPLACE (State or foreign country) <u>Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Harris Manion</u>		13b. MOTHER'S MAIDEN NAME <u>Eliza Henry</u>		14. NAME OF HUSBAND OR WIFE <u>Francis Manion</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>Francis Manion-Denver</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, assthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES <u>Hypertension</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>					INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>	
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., 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) _____		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>Feb 1</u> , 19 <u>50</u> , to <u>April 10</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>April 10</u> , 19 <u>50</u> and that death occurred at <u>7 A. m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Charles N. Williamson DO</u>				23b. ADDRESS <u>Hentry, Mo</u>		23c. DATE SIGNED <u>4-78-50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Apr 12-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Knox Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Hentry Co mo</u>		
DATE REC'D BY LOCAL REG. <u>May 4, 1950</u>		REGISTRAR'S SIGNATURE <u>John E. Dawson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Branan Bros. 40 Bran</u>		ADDRESS		

(Licensed Embalmer's Statement on Reverse Side)

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 _____

Licensed Embalmer No. 2917

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.