

FILED DEC 9 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37757

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 2043 Registrar's No. 401

| | | | |
|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY Marion | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illionis b. COUNTY Pike | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN New Canton, Ill. | |
| c. LENGTH OF STAY (in this place) 9 Weeks | | d. STREET ADDRESS (If rural, give location) 312 1/2 | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Elizabeth Hospital | | | |

| | | | | |
|--|------------|---------------------------|-------------------------|---|
| 3. NAME OF DECEASED (Type or Print) Simon | a. (First) | b. (Middle) (none) | c. (Last) Manker | 4. DATE OF DEATH (Month) (Day) (Year) Nov. 27 1950 |
|--|------------|---------------------------|-------------------------|---|

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|--------------------|-------------------------------|---|---------------------------------------|---|------------------------|----------------------|-------|------|
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Oct. 28, 1872 | 9. AGE (In years last birthday) 78 | IF UNDER 1 YEAR Months | IF UNDER 4 WKS. Days | Hours | Min. |
|--------------------|-------------------------------|---|---------------------------------------|---|------------------------|----------------------|-------|------|

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|--|-----------------------------------|--|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Custom Baylor (Retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Pike County, Ill. | 12. CITIZEN OF WHAT COUNTRY? US |
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|---|---|--|
| 13a. FATHER'S NAME Samuel Manker | 13b. MOTHER'S MAIDEN NAME Isabell Reynolds | 14. NAME OF HUSBAND OR WIFE Imo Masters |
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|---|------------------------------------|--|---------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | 16. SOCIAL SECURITY NO. 444 | 17. INFORMANT'S SIGNATURE OR NAME Russell Stone | ADDRESS New Canton |
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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, ashenia, etc. -It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH 3 mo 3 days 586X |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hydrops of Gall Bladder with Hepatic Cirrhosis | | |
| | II. OTHER SIGNIFICANT CONDITIONS Terminal Pneumonia and myocardial infarct. | | |
| 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? |
|--|--|----------------------------|

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **3:10 P. m.**, from the causes and on the date stated above.

| | | |
|--|-----------------------------------|----------------------------------|
| 23a. SIGNATURE [Signature] (Degree or title) 0 | 23b. ADDRESS 1001 Broadway | 23c. DATE SIGNED 11/29/50 |
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| | | | |
|---|--------------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE Nov. 29, 1950 | 24c. NAME OF CEMETERY OR CREMATORY Kinderhook Cemetery | 24d. LOCATION (City, town, or county) (State) Kinderhook, Ill. |
|---|--------------------------------|---|---|

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|--|--|---|------------------------------|
| DATE REC'D BY LOCAL REG. 11-29-50 | REGISTRAR'S SIGNATURE Dr. E. M. ... | FUNERAL DIRECTOR'S SIGNATURE Ralph Clark | ADDRESS Hannibal, Mo. |
|--|--|---|------------------------------|

(Licensed Embalmer's Statement on Reverse Side)

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

6644

RECEIVED
MICHIGAN HEALTH DEPT.
DATE FILED
DEC 6 1950
DEC 7 1950

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 _____

Ralph Clark

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Ralph Clark

Licensed Embalmer No. 4217

P. O. Address—Hannibal, 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.