

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. FILED FEB 3 1940Primary Registration District No. 3018 5488

Registrar's No. _____

1. PLACE OF DEATH:

- (a) County Henry
 (b) City or town County Home
 (c) Name of hospital or institution: County Home 3
 (If outside city or town limits, write "RURAL" and name of township)
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether

In this community _____
years, months or days3. (a) PRINT FULL NAME John Mantle

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 4 4 1872
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
67 9 13 hr. min.9. Birthplace England
(City, town, or county) (State, foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Unknown13. Birthplace _____
(City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace Unknown
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Walter Menefee(b) Address Clinton Mo17. (a) Burial (b) Date thereof 1 20 1940
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation England cem18. (a) Signature of funeral director Frank Wilkinson(b) Address Clinton Mo19. (a) 1-20-40 (b) W. R. Hampton
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo (b) County Henry
 (c) City or town Clinton
 (If outside city or town limits, write "RURAL")
 (d) Street No. County Home
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 17
year 1940 hour 5 minute 00 P. M.21. I hereby certify that I attended the deceased from 1-16-40
_____, 19____, to 1-16, 1940that I last saw him alive on Jan 16, 1940
and that death occurred on the date and hour stated above.Immediate cause of death Renovascular
athromb Duration _____Due to Medical Insufficiency

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death) 922

Major findings: _____

Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. R. Hampton (M. D. or other) _____Address Clinton Mo Date signed 1-20-40

PHYSICIAN

Underline the cause to which death should be charged statistically

RECEIVED
District Health Officer No. 7.
District File Number 2-46-298
Date Filed 2-14-40

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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, above space should be left blank.