

Registration District No. **72** FILED OCT 11 1940 Primary Registration District No. **4041**

1. PLACE OF DEATH:

(a) County **Boone**
(b) City or town **Centralia**
(c) Name of hospital or institution: **✓**
(If not in hospital or institution, write street number or location) **2**
(d) Length of stay: In hospital or institution **all his life** (Specify whether years, months or days)
In this community **all his life**

3. (a) PRINT FULL NAME **Charles Frances McManama**

3. (b) If veteran, name war **✓** 3. (c) Social Security No. **✓**

4. Sex **Male** 5. Color or race **White** 6. (e) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Mary M. Manama** 6. (c) Age of husband or wife if alive **68** years

7. Birth date of deceased **Sept 16 1869** (Month) (Day) (Year)

8. AGE: Years **71** Months **0** Days **11** If less than one day hr. min.

9. Birthplace **Monroe Co, Mo.** (City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business

12. Name **Thomas McManama**

13. Birthplace **U.K. U.K.** (City, town, or county) (State or foreign country)

14. Maiden name **Fizzu Allen**

15. Birthplace **U.K. U.K.** (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. C. F. McManama**

(b) Address **Centralia Mo**

17. (a) **Burial** (b) Date thereof **9-29-1940** (Month) (Day) (Year)

(c) Place: burial or cremation **Centralia Mo City**

18. (a) Signature of funeral director **M. J. McManama**

(b) Address **Centralia Mo**

19. (a) **9/25-1940** (b) **F. J. Gordon MD** (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Boone**
(c) City or town **Centralia** (If outside city or town limits, write "RURAL")
(d) Street No. **0** (If rural, give location)
(e) If foreign born, how long in U. S. A. **✓** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **27th** year **1940** hour **7** minute **15 A.** M.

21. I hereby certify that I attended the deceased from **September 17** to **Sept. 27**, 19**40**, that I last saw him alive on **Sept. 27**, 19**40**, and that death occurred on the date and hour stated above.

Immediate cause of death **Totax Pneumonia** Duration **10 days**
Rheumatoid Middle Lobe

Due to **108**

Due to

Other conditions **Chronic Falcitated Nephritis** (Include pregnancy within 3 months of death) **Several years**

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?

36 (Specify type of place) While at work? (e) Means of injury **9**

23. Signature **E. J. Bestman** (M. D. or other) **MD**
Address **Centralia, Mo.** Date signed **9/27/40**

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, fact should be so stated above.