

Registration District No. 202Primary Registration District No. 203Registrar's No. 2

1. PLACE OF DEATH:

(a) County Andrew
(b) City or town Rural Monroe Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2 1/2 Miles East of Cosby
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 85 Years
years, months or days)

3. (a) PRINT FULL NAME JAMES S. McMANUS

3. (b) If veteran, name war none
3. (c) Social Security No. none

4. Sex male 0 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 Jan 17th. 1856
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
85 3 28 _____ hr. _____ min.

9. Birthplace near Cosby Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Richard McManus
13. Birthplace Scott County Ky.
(City, town, or county) (State or foreign country)
14. Maiden name Lucy McConnell
15. Birthplace Knoxville Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. P.H. McManus
(b) Address Clarksdale Mo. R.R. #1.
17. (a) Removal (b) Date thereof 5--17--41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Hurlinger, Mo.18. (a) Signature of funeral director FLETCHER & SON INC(b) Address St. Joseph, Mo.

19. (a) May 17-41 (b) J. H. Bledsoe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Andrew
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 2 1/2 Miles East of Cosby
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15th.
year 1941 hour 11 minute 00 P. M.

21. I hereby certify that I visited the body
attended the deceased from _____, 19____, to _____, 19____;

that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia
Duration ?

Due to _____

Due to Chronic Myocarditis ?

Other conditions (Include pregnancy within 3 months of death)
None

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)
Means of injury _____

23. Signature Clifford L. Steedley (M. D. or other) MD
Address Donahoe Mo. Date signed 5/16/41

(Licensed Embalmer's Statement on Reverse Side) Coroner Andrew County

WRITE PLAINLY—USE 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 _____

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Carl W. Hause

Licensed Embalmer No. _____

3955

P. O. Address _____

St Joseph, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.