

No. 2
1-4-41
19
226390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 34174

FILED NOV 14 1941

Registration District No. 2

Primary Registration District No. 203

Registrar's No. 4

1. PLACE OF DEATH:

(a) County Andrew

(b) City or town Cosby (Rural) Monroe
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Three 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 years, months or days)

In this community 83 years 8 Mo. 13 Days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Andrew

(c) City or town Cosby Rural
(If outside city or town limits, write "RURAL")

(d) Street No Three Miles East of Cosby
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME SARAH McMANUS

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex female 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 26th 1858
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>83</u>	<u>8</u>	<u>13</u>	hr. _____ min.

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

10. Usual occupation Retired

11. Industry or business School Teacher

12. Name Richard McManus

13. Birthplace Ky.
(City, town, or county) (State or foreign country)

14. Maiden name Lucy McConnell

15. Birthplace Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant P. H. McManus

(b) Address Clarksdale, Mo. R.R. #1

17. (a) Removal (b) Date thereof 10-11-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Hurlinger, Mo.

18. (a) Signature of funeral director FLEEMAN & SON INC.

(b) Address St. Joseph, Mo.

19. (a) 10-13-41 (b) J. H. Aldree
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 9th
year 1941 hour 1 minute 20 P. M.

21. I hereby certify that I attended the deceased from Sept 30
1941 to Oct 9th 1941
that I last saw her alive on Oct 6 1941
and that death occurred on the date and hour stated above.

Immediate cause of death CHRONIC MYOCARDITIS
AND MYOCARDIAL DEGENERATION
ATRIAL

Due to Chronic Nephritis

Due to _____

Other conditions 1318
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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) (2) Means of injury _____

23. Signature J. H. Aldree (M. D. or other) _____

Address Cosby, Mo. Date signed 10/19/41

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

Rizga

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.....

Oct 9, 1941

....., Registered Apprentice No.

working under my personal supervision.

Signed

John F. Hurley

Licensed Embalmer No. *4050*

P. O. Address *St Joseph, 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.