

S. No. 2
M-2-43
5-17-39
PI X35697

DEPARTMENT OF COMMERCE

STATE BOARD OF HEALTH OF MISSOURI

FILED MAR 13 1946
Dr. Bruce

STANDARD CERTIFICATE OF DEATH

8885

State File No.

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 66

1. PLACE OF DEATH:

(a) County... Cole
(b) City or town... Jefferson City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
604 Ohio Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution... 7 days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Pleasant Manes

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

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

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

7. Birth date of deceased... September 22 1850
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
95 5 7 hr. min.

9. Birthplace... Miller County, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation... Retired Farmer

11. Industry or business...

12. Name Not Known 9
13. Birthplace...
(City, town, or county) (State or foreign country)
14. Maiden name Now Known
15. Birthplace...
(City, town, or county) (State or foreign country)

16. (a) Informant J. J. Orman
(b) Address Jefferson City, Missouri

17. (a) Burial (b) Date thereof Mar-2-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation River View Cemetery

18. (a) Signature of funeral director R. G. Davis

(b) Address Jefferson City, Missouri

19. (a) 3-5-46 (b) R. G. Davis M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Arkansas (b) County Unknown 999
(c) City or town Oark 3
(If outside city or town limits, write "RURAL")
(d) Street No. none (If rural, give location) 2
(e) Citizen of foreign country? none (Yes or No)
If yes, name country...

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 125
year 1946 hour 12 minute 2 M.

21. I hereby certify that I attended the deceased from Feb 26
1946 to May 1 1946
that I last saw him alive on Feb 26 1946
and that death occurred on the date and hour stated above.

Immediate cause of death...
Decompensated
Heart
Due to...
Arteriosclerosis
Generalized
Due to...

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

Major findings:
Of operations...

Of autopsy... 7

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. E. Bruce M.D. or other
Address Jefferson City, Mo. Date signed 3/4/46

(Licensed Embalmers' Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 3-12-46

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 Fred L. Dull

Licensed Embalmer No. 3890

P. O. Address Jeff City 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.