

U.S. No. 2
DOM-5-43
Rev. 5-17-39
I X36671

FILED SEP 16, 1947

Registration District No. **57**

Primary Registration District No. **5520**

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

1. PLACE OF DEATH:
 (a) County Henry
 (b) City or town Rural, Windsor Twsp.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
1/10 mi southwest of Windsor on 3
highway # 52
(If not hospital institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community 19 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Henry **42**
 (c) City or town Rural **1**
(If outside city or town limits, write "RURAL")
 (d) Street No. RFD, Windsor **0**
(If rural, give location)
 (e) Citizen of foreign country? No **3**
(Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Harold Junior Mantonya
 3. (b) If veteran, name war W W II
 3. (c) Social Security No. 496 24 6182

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept. day 7
 year 1947 hour 7 minute 30 P. M.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife Single
 6. (c) Age of husband or wife if alive _____ years

21. I hereby certify that I attended the deceased from 19 to 19
Dead on arrival
 that I last saw _____ on _____, 19____,
 and that death occurred on the date and hour stated above.

7. Birth date of deceased November 28 1927
(Month) (Day) (Year)

Immediate cause of death Ray was subject to epileptic fits and had an attack falling off of his bicycle striking due to head on pavement causing fracture of skull and loss of a large quantity of blood.
 Due to _____
 Due to _____

8. AGE: Years Months Days If less than one day
19 9 9 hr. min.

Other conditions (Include pregnancy within 3 months of death)
S.H.P. struck by car while

9. Birthplace Windsor Missouri
(City, town, or county) (State or foreign country)
 10. Usual occupation Hatchery Employee
 11. Industry or business Hatchery

Major findings: Of operations lying in roadway.
 Of autopsy _____
 Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name Fred Mantonya
 13. Birthplace Henry County Missouri
(City, town, or county) (State or foreign country)
 14. Maiden name Rosie Scrimager
 15. Birthplace Johnson County Missouri
(City, town, or county) (State or foreign country)
 16. (a) Informant Fred Mantonya
 (b) Address Windsor, Missouri
 17. (a) Burial (b) Date thereof 9-9-47
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Windsor, Missouri
 18. (a) Signature of funeral director Huston Turner
 (b) Address Windsor, Mo.
 19. (a) 9-10-47 (b) R. H. Kenney
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) accident - 421
 (b) Date of occurrence Sept. 7, 1947
 (c) Where did injury occur? Windsor Henry Twp.
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
1/10 mi southwest of Windsor on hwy 52
(Specify type of place)
 While at work _____ (e) Means of injury Fall on pavement
 23. Signature P. S. Haller W. D. Casner
(City, town, or county) (City, town, or county)
 Address Windsor, Mo. Date signed 9/7/47

RECEIVED
DISTRICT CLERK
DISTRICT NO. 7
8-47-1082
Date Filed 9-15-47

1967 OCT 1 10 00 AM

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.....

William M. Turner, Registered Apprentice No. 470,
working under my personal supervision.

Signed E. C. Keston
Licensed Embalmer No. 3391
P. O. Address Windsor 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.