

FILED APR 1 1947

Registration District No. 46

Primary Registration District No. 4065

Registrar's No. _____

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

1. PLACE OF DEATH
(a) County Caldwell
(b) City or town Polo
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Caldwell
(c) City or town Polo
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Albison B. Manley
(b) If veteran, name war _____ (c) Social Security No. yes

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 4th
year 1947 hour _____ minute 4 M.
21. I hereby certify that I attended the deceased from Jan-16
1947 to Mar-4 1947
that I last saw him alive on Feb-12 1947
and that death occurred on the date and hour stated above.

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

Immediate cause of death Chronic myocarditis
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

8. AGE:	Years	Months	Days	If less than one day
	<u>80</u>	<u>9</u>	<u>4</u>	_____ hr. _____ min.

Major findings: Of operations Q3D
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

9. Birthplace Rayco, Mo (City, town, or county) (State or foreign country)
10. Usual occupation Retired

11. Industry or business _____
12. Name Robert Manley
13. Birthplace Tenn (City, town, or county) (State or foreign country)
14. Maiden name Louisa M Knight
15. Birthplace Tenn (City, town, or county) (State or foreign country)

16. (a) Informant Hes Matchett
(b) Address Polo Mo

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 _____

17. (a) Burial (b) Date thereof 3-6-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Prigins Ridge
18. (a) Signature of funeral director Albison B. Manley
(b) Address Polo Mo
19. (a) Mar 6/47 (b) Cladya Jones
(Date received local registrar) (Registrar's signature)

23. Signature ack Kilbourn (M. D. _____)
Address Cowgill, Mo Date signed 3/5/47

DISTRICT HEALTH OFFICE
Cameron, Mo.

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.