

FILED MAR 16 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9630

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>297</u>		PRIMARY REG. DIST. NO. <u>6022</u>		Registrar's No. <u>23</u>	
1. PLACE OF DEATH a. COUNTY <u>Ray</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Richmond</u>		c. LENGTH OF STAY (In this place) <u>103</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Richmond</u>		d. STREET ADDRESS (If rural, give location) <u>3 miles W. Warburg and 1/2 #13</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>ADICE</u> b. (Middle) <u>SARAH</u> c. (Last) <u>MANLEY</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 24 1949</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Nov. 19, 1885</u>	
9. AGE (In years last birthday) <u>63</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		11. BIRTHPLACE (State or foreign country) <u>Mo. S. A.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housekeeping</u>		11. BIRTHPLACE (State or foreign country) <u>Mo. S. A.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>John A. Wall</u>		13b. MOTHER'S MAIDEN NAME <u>Missouri Ann Newton</u>		14. NAME OF HUSBAND OR WIFE <u>John A. Manley</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>John A. Manley</u> ADDRESS <u>Ray, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) <u>Cerebral Hemorrhage</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterial Sclerosis</u> DUE TO (c) <u>Hypertension</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u> <u>5 yrs.</u> <u>10 yrs.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>41 47</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Feb 18</u> , 1949, to <u>Feb 24</u> , 1949, that I last saw the deceased alive on <u>Feb 24</u> , 1949, and that death occurred at <u>10:00 A. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>D. E. G. Rerave AB. DD.</u>				23b. ADDRESS <u>Richmond Mo.</u>		23c. DATE SIGNED <u>Feb. 26 '49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb 26 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New Garden</u>		24d. LOCATION (City, town, or county) (State) <u>Ray Co. Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Mar 1 - 1949</u>		REGISTRAR'S SIGNATURE <u>Wahel Jackson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wahel Jackson</u> ADDRESS <u>Richmond, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 3-15-49

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed *George P. Hill*

Licensed Embalmer No. 4066

P. O. Address *Richmond, 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.