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M-8-43
5-17-39
P-1 X37823

30589

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED OCT 13 1944

Registration District No. _____

Primary Registration District No. 5152

Registrar's No. 50

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

1. PLACE OF DEATH:
 (a) County Caldwell
 (b) City or town Polk, B. R. Dist.
 (If outside city or town limits, write "RURAL" and name of township)
 (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 Polk (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 Mary Ellen Manley
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Sept day 10th year 1944 hour 11 minute 45 A.M.
 21. I hereby certify that I attended the deceased from Sept 6 1944 to Sept 10 1944
 that I last saw her alive on Sept 10 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race Whi. 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Loon Manley 6. (c) Age of husband or wife if alive 79 years
 7. Birth date of deceased Feb 14 - 1867
 (Month) (Day) (Year)

Immediate cause of death Cardiac Fibrillation Duration Don't know
 Due to Diabetes Mellitus
Arteriosclerosis
Hypertension
 Other conditions (Include pregnancy within 3 months of death) _____

8. AGE: Years Months Days If less than one day
77 4 24 hr. min.

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

10. Usual occupation Nurse

11. Industry or business _____

MOTHER FATHER
 12. Name Wm. Balis
 13. Birthplace Tenn. (City, town, or county) (State or foreign country)
 14. Maiden name Elyahel Myers
 15. Birthplace Tenn. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Geo. Makkett
 (b) Address Polk Mo

17. (a) Burial (b) Date thereof 9-12-44
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Prison Ridge

18. (a) Signature of funeral director Alvanth Kowley
 (b) Address Polk Mo

19. (a) Sept 25 1944 (b) Caroline Targett
 (Date received local registrar) (Registrar's signature)

Major findings: No Operation
 Of operations _____
 Of autopsy None

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)
 Means of injury _____

23. Signature W. J. Shouse (M. D. or other)
 Address Kingston Mo Date signed 9-11-44

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.