

FILED JAN 5 1945
Registration District No. 297

Primary Registration District No. 3057

Registrar's No. 80

1. PLACE OF DEATH:

(a) County Ray
(b) City or town Richmond
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
704 W. Lexington St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. _____ (Specify whether)
In this community all life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray
(c) City or town Richmond
(If outside city or town limits, write "RURAL")
(d) Street No. 704 W. Lexington
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary Frances Manley

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Wid
6. (b) Name of husband or wife Wm. Manley 6. (c) Age of husband or wife if alive Dec'd years
7. Birth date of deceased April 4 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 8 21 hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Crockett Loyd
13. Birthplace Ray County Mo
(City, town, or county) (State or foreign country)
14. Maiden name Margaret Turnage
15. Birthplace Ray County Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Carl Manley
(b) Address Burlington Junction, Mo.

17. (a) Burial (b) Date thereof Dec. 27, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Dockery Cemetery

18. (a) Signature of funeral director [Signature]
(b) Address Richmond, Missouri

19. (a) Dec. 27 - 75 (b) Mabel Jackson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 25
year 1945 hour 3 minute 10 A. M.

21. I hereby certify that I attended the deceased from Dec 19 1945 to Dec 24 1945
that I last saw him alive on Dec 24 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure Duration 2 hrs.

Due to Influenza 8 days

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy 338

PHYSICIAN
Underline the cause to which death should be charged statistically.

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? _____

(Specify type of place) _____
While at work _____ (e) Means of injury _____
23. Signature [Signature] (M. D. or D. O.) [Signature]
Address Richmond, Mo Date signed 12-27-45

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

MOTHER FATHER

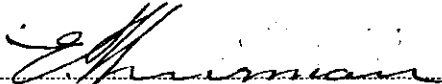
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~SEX~~.....

....., Registered Apprentice No.

working under my personal supervision.

Signed.....



Licensed Embalmer No. 2073.....

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.