

No. 2
4-13-40
5-17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **4029**
Registrar's No. **8**

Registration District No. **744**

Primary Registration District No. **5926B**

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

1. PLACE OF DEATH:

(a) County **RAY**

(b) City or town **Richmond MO. R.F.D.#3**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
none
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **none**
(Specify whether)

In this community **all life**
years, months or days

3. (a) PRINT FULL NAME **Robert Steven Manley**

3. (b) If veteran, name war _____

3. (c) Social Security No. **none**

4. Sex **Male**

5. Color or race **White**

6. (a) Single, widowed, married, divorced **Widow**

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Sept 12 1877**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
63	4	1	_____ hr. _____ min.

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

10. Usual occupation **Farming**

11. Industry or business _____

MOTHER FATHER {

12. Name **William Manley**

13. Birthplace **Unknown Tenn.**
(City, town, or county) (State or foreign country)

14. Maiden name **Settina Fields**
(City, town, or county) (State or foreign country)

15. Birthplace **Rayville Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Beulah Travillian**

(b) Address **Richmond MO. R.F.D.#3**

17. (a) **Burial**
(Burial, cremation, or removal)

(b) Date thereof **Jan. 19, 1941**
(Month) (Day) (Year)

(c) Place: burial or cremation **Dockery**

18. (a) Signature of funeral director **E. Thurman**

(b) Address **Richmond Mo.**

19. (a) **Jan 18 - 41**
(Date received local registrar)

(b) **Malcol Jackson**
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO.** (b) County **RAY**

(c) City or town **Richmond MO. R.F.D.#3**
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month **Jan** day **17**
year **1941** hour **7/25** P. minute _____ M.

21. I hereby certify that I attended the deceased from **Jan 17, 1941** to **Jan 17, 1941**
that I last saw him alive on _____ and that death occurred on the date and hour stated above.

Immediate cause of death **Apoplexy**

Due to _____

Due to **High Blood Pressure**

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

Major findings: _____

Of operations _____

Of autopsy _____

Duration **3 hrs**

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature **D. E. G. Penner** (M. D. or other) **2**

Address **Richmond Mo.** Date signed _____

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 9-13-41

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 *J. H. ...*
Licensed Embalmer No. 2073
P. O. Address Richmond, Va.

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.