

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

9098

State File No.

National Office of Vital Statistics
FILED APR 5 1948

Registration District No. 156

Primary Registration District No. 2001

Registrar's No.

1. PLACE OF DEATH:

(a) County. JASPER
(b) City or town. Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution. 2163 Manitou
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 30 years
(Specify whether
In this community. 50 years
years, months or days)

3. (a) PRINT FULL NAME MARGARET M. McMANIS

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

4. Sex. Fem. 5. Color or race. Wh. 6. (a) Single, widowed, married, divorced. Married
6. (b) Name of husband or wife. Charles E. McManis 6. (c) Age of husband or wife if alive. 29 years
7. Birth date of deceased. June 29, 1866
(Month) (Day) (Year)

8. AGE: Years 81 Months 7 Days 25 If less than one day
hr. min.

9. Birthplace. ? IOWA
(City, town, or county) (State or foreign country)

10. Usual occupation. Housewife

11. Industry or business.

12. Name. unknown 9
13. Birthplace. unknown 7
(City, town, or county) (State or foreign country)
14. Maiden name. unknown 7
15. Birthplace. unknown 7
(City, town, or county) (State or foreign country)

16. (a) Informant. Charles E. McManis
(b) Address. at home

17. (a) Burial (b) Date thereof. 2-25-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation. Forest Park

18. (a) Signature of funeral director. Parker-Hunsaker
(b) Address. Joplin, Mo.

19. (a) 2-26-48 (b) 135
(Date received local registrar) (Registrar's signature)

Jefferson City Printing Co.

(Licensed Embalmers' Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State. MISSOURI (b) County. JASPER 49
(c) City or town. Joplin 9
(If outside city or town limits, write "RURAL")
(d) Street No. 2163 Manitou 5
(If rural, give location)
(e) Citizen of foreign country? No 0
(Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 23rd
year 1948 hour 1:30 minute P. M.

21. I hereby certify that I attended the deceased from 19...
that I saw him/her alive on 19...
and that death occurred on the date and hour stated above.

Immediate cause of death. A Cere

Due to Myocarditis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations. 930

Of autopsy. 2000

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. 2000

23. Signature. D. S. Hunsaker 2000
Address. 2114 Joplin Date signed 2/27/48

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

19
2
5

MOTHER FATHER

PHYSICIAN

Underline the cause of which death should be charged statistically.

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.