

MAY 13 1940

Registration District No. 580

Primary Registration District No. 4342

Registrar's No.

1. PLACE OF DEATH:

- (a) County Monroe
 (b) City or town Middle Grove
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
XXXXXXX
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution XXXXXX
XXXXXXX (Specify whether
 years, months or days) 2 1/2

3. (a) PRINT FULL NAME Ida Kau McManama3. (b) If veteran,
name war XXXXXX3. (c) Social Security
No. XXXXXX4. Sex Female
5. Color or
race white6. (a) Single, widowed, married,
divorced married6. (b) Name of husband or wife
Glenn McManama6. (c) Age of husband or wife if
alive 63 years7. Birth date of deceased Jan 4 1878
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
62 3 3
hr. min.9. Birthplace Charleston, Ill
(City, town, or county) (State or foreign country)
housewife

10. Usual occupation

11. Industry or business

MOTHER FATHER
 { 12. Name Edward Kau
 13. Birthplace Charleston, Ill
 (City, town, or county) (State or foreign country)
 { 14. Maiden name Sarah Roberson
 15. Birthplace Charleston, Ill
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Ida Kau McManama
(b) Address Middle Grove, Mo17. (a) burial (b) Date thereof 4 9 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Middle Grove18. (a) Signature of funeral director Paul G. Thompson
(b) Address Madison, Mo19. (a) 4/7/1940 (b) Mrs. John Thompson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo. (b) County Monroe
 (c) City or town Middle Grove
 (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. 7 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7
year 1940 hour 4; minute 30 p. M.21. I hereby certify that I attended the deceased from April 28
1940 to April 7 1940
that I last saw her alive on April 6 1940
and that death occurred on the date and hour stated above.Immediate cause of death Cancer of
all pelvic organs. Duration

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)Major findings:
Of operations

Of autopsy

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?
512
 While at work? (Specify type of place) (e) Means of injury

23. Signature M. M. MURDO (M. D. or other)
Address Madison Mo Date signed 4-8-40

52

RECEIVED

District Health Officer No. 10

District File Number 5-40-961

Date Filed MAY 8 1940

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 Paul A. Thompson

Licensed Embalmer No. 1420

P. O. Address Medina, 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, above space should be left blank.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 15-5-28

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 389

Primary Registration District No. 4342

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Monroe

(b) City or town Summit Grove
(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 _____ (Specify whether _____)
years, months or days

3. (a) PRINT FULL NAME Iola Traw McManama

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F 5. Color or race W

6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife _____

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

7. Birth date of deceased. (Month) (Day) (Year)

8. AGE: Years 62 Months 3 Days 3 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof. (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____

(Date received local registrar)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____ (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.

19. MEDICAL CERTIFICATION

20. DATE OF DEATH. Month apr day 7 year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I was seen _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of all

pelvic organs

Due to lung cancer

Due to with men at

Other conditions. you don't give additional
(Include pregnancy within 3 months of death)

Major findings: carcinoma of cervix
Of operation before I died
Of autopsy gave additional

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicidal (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur _____ (City or town) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____ (Specify type of place)

(e) Means of injury _____

23. Signature T.R. Turner (M. D. or Other) _____

Address Medison Mo Date signed _____

SUPPLEMENTARY

PHYSICIAN

Underline the cause to which death should be charged as fatal.

