

FILED JUL 13 1942

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

21878

Do not use this space.

1. PLACE OF DEATH

(a) County Newton Registration District No. 608 73
(b) Township Franklin Primary Registration District No. 5807 0
(c) City Stella (d) Street No. 1 0
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Susan Elizabeth McManaway

(a) Residence, No. Stella Mo. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 3 Divorced
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF A.D. McManaway
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 11, 1861
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 3 6
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee /

FATHER 13. NAME Lawrence Wolf
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va. /

MOTHER 15. MAIDEN NAME Saran Walker
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee /

17. INFORMANT Roy McManaway
(ADDRESS) Stella Mo.

18. BURIAL, CREMATION, OR REMOVAL Burial
PLACE Macedonia DATE 6/18/42 '19

19. FUNERAL DIRECTOR Rogue and Son
(ADDRESS) Wheaton Mo.

20. FILED July 16, 1942 Dana Gunter
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/17 1942

22. I HEREBY CERTIFY, That I attended deceased from June 10, 1942 to June 17, 1942
I last saw him alive on June 15, 1942 Death is said to have occurred on the date stated above, at 3:40 m.
The principal cause of death and related causes of importance were as follows:

Cerebral Embolism Date of onset

Other contributory causes of importance: 830

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....
Where did injury occur?.....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....
(Signed) J. R. Edmondson M. D.
(Address) Stella, Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

50M-7-20-37 I X12004

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

73
0
0

RECEIVED

District Health Officer No. 6,

District File Number 742-937

Date Filed JUL 10 1942

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

..... L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed W^m Morris Pague

Licensed Embalmer No. 3442 Wheaton, 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.)