

S. No. 2  
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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

10102

State File No. ....

FILED APR 8 1943

Registration District No. 99

Primary Registration District No. 4170

Registrar's No. 96

1. PLACE OF DEATH:

(a) County DeKalb

(b) City or town Union Star Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)

In this community 30 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County DeKalb 32

(c) City or town Union Star Mo.  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME WILLIAM H. MANSHIP

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Mary Gertrude Manship 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased Sept. 24 1876  
(Month) (Day) (Year)

8. AGE: Years 66 Months 4 Days 28 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Homer Manship

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

14. Maiden name Jessie M. Clellan

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

16. (a) Informant George E. Manship

(b) Address Union Star, Mo.

17. (a) Burial (b) Date thereof Feb. 24 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Star Mo.

18. (a) Signature of funeral director Lucile M. Wilson

(b) Address King City, Mo.

19. (a) 3/2/43 (b) Dr. D. Angley  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 22  
year 1943 hour 10 minute 30 P.M.

21. I hereby certify that I attended the deceased from Feb 12 to Feb 22 1943  
that I last saw him alive on Feb. 22 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 2 hrs

Due to Arterio Sclerosis

Due to \_\_\_\_\_

Other conditions 830'  
(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? \_\_\_\_\_

While at work? \_\_\_\_\_  
(Specify type of place) (c) Means of injury

23. Signature E. M. Reynolds (M. D. or other) \_\_\_\_\_

Address Union Star Mo. Date signed 2-23-43

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

**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..... *Lucile M. Wilson*.....  
Licensed Embalmer No..... *2830*.....  
P. O. Address..... *King City, 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.**