

FILED AUG 24 1943

264

5894

Registration District No. _____

Primary Registration District No. _____

Registrar's No. 13

1. PLACE OF DEATH: Ozark
 (a) County: Ozark
 (b) City or town: Rural - Pine Creek
 (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: 55 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State: Missouri (b) County: Ozark
 (c) City or town: Zanoni - rural
 (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: Maniza J. Shanks

3. (b) If veteran, name war: _____ 3. (c) Social Security No. none

4. Sex: female 5. Color or race: white 6. (a) Single, widowed, married, divorced: married

6. (b) Name of husband or wife: Vincent Shanks 6. (c) Age of husband or wife if alive: 83 years

7. Birth date of deceased: Sept. 29 1865 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	77	9	9	hr. min.

9. Birthplace: Osage County Missouri (City, town, or county) (State or foreign country)

10. Usual occupation: housewife own home

11. Industry or business: _____

12. Name: Samuel Groff

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

14. Maiden name: not known (City, town, or county) (State or foreign country)

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

16. (a) Informant: B. M. Shanks

(b) Address: Zanoni Missouri

17. (a) Burial: Burial (b) Date thereof: July 11, 1943 (Month) (Day) (Year)

(c) Place: burial or cremation: Patrick Cemetery

18. (a) Signature of funeral director: _____

(b) Address: Garfield, Mo.

19. (a) Date received local registrar: July 10 - 43 (b) Margaret Hutchinson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: July day: 9 year: 1943 hour: 10 minute: P. M.

21. I hereby certify that I attended the deceased from July 3 1943, to July 9 1943

that I last saw him alive on July 8 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Intestinal obstruction

Due to: Volvulus & adhesion (intestines)

Due to: _____

Other conditions: Cystitis p 2 (Include pregnancy within 3 months of death)

Major findings: Of operations: 122 p 2

Of autopsy: _____

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: M. J. Hoerman (M: D. or other)

Address: Garfield, Mo. Date signed: 7/10/43

Duration: 6 days

3 mo.

PHYSICIAN

Underline the cause to which death should be charged statistically.

1048

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

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RECEIVED

District Health Officer No. 6,

District File Number 843-918

Date Filed AUG 20 1943

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 W. B. Harrison

Licensed Embalmer No. 3431

P. O. Address Gainesville, 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.