

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF THE CENSUS STANDARD CERTIFICATE OF DEATH

6218

State File No.

Registration District No. 160 Primary Registration District No. 5592 Registrar's No. 10

1. PLACE OF DEATH:
(a) County Jefferson
(b) City or town Herculaneum
(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
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jefferson
(c) City or town Herculaneum
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Emma B. Partney
3. (b) If veteran, name war. _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Alvin Partney
6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased May - 26 - 1884
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
61 8 19 hr. _____ min. _____

9. Birthplace Jefferson Co. Mo. - 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER
12. Name James E. Manness
13. Birthplace Fletcher Mo
(City, town, or county) (State or foreign country)
14. Maiden name Amanda Manness
15. Birthplace Fletcher Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Cecil Partney

(b) Address Herculaneum Mo.

17. (a) Burial (b) Date thereof 2-13-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Roselawn Cem

18. (a) Signature of funeral director J. S. Dillard
(b) Address Fletcher Mo

19. (a) Feb. 16, 1946 (b) Cleora Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 15
year 1946 hour 9 minute 30 A. M.
21. I hereby certify that I attended the deceased from Feb 1
1946, to Feb 15 1946
that I last saw h. ev alive on Feb 15 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis
Duration 3 yrs

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy 138

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) (e) Means of injury _____

23. Signature Dr. E. Seim (other) _____

Address Herculaneum Mo. Date signed 2/16/46

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

