

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

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43731

State File No. _____

FILED FEB 17 1947

Registration District No. _____

Primary Registration District No. 4173

Registrar's No. 86

1. PLACE OF DEATH:

(a) County Douglas

(b) City or town Ava
(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 _____)

In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Douglas ³⁴

(c) City or town Ava ¹
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location) ⁰

(e) Citizen of foreign country? _____ (Yes or No) ⁰

If yes, name country _____

3. (a) PRINT FULL NAME Manerva Aileen

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 8
year 1946 hour 9 minute 08 A.M.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Jan. 20 1863
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 24 1946 to October 2 1946
that I last saw her alive on October 2 1946
and that death occurred on the date and hour stated above.

8. AGE: Years 83 Months 8 Days 13
If less than one day _____ hr. _____ min.

Immediate cause of death: Heart Failure

Due to: Myocarditis

Due to: _____

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

10. Usual occupation Homemaker

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

Major findings: Of operations 93 E

Of autopsy _____

11. Industry or business _____

12. Name W. H. Aileen

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

14. Maiden name Nancy Malinda Sanders

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mary Alsup

(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof 10-5-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dequess

18. (a) Signature of funeral director Christine Beard

(b) Address Ava Mo.

19. (a) Jan 31-47 (b) Uesta Bushman
(Date received local registrar) (Registrar's signature)

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?
(Specify type of place) _____

While at work? _____ (e) Means of injury _____

23. Signature B. M. Norman (M. D. or other) MD

Address Ava Mo Date signed 10-5-46

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

MOTHER FATHER

84

RECEIVED

District Health Officer No. 6;

District File Number 247-273

Date Filed FEB 14 1947

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. Letcher

Licensed Embalmer No. 3431

P. O. Address Over 100

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.