

S. No. 2  
M-5-43  
5-17-39  
X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JUN 25 1947  
128

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20654  
State File No. \_\_\_\_\_  
Registrar's No. 497

Registration District No. 128 Primary Registration District No. 5466

1. PLACE OF DEATH: GREENE  
(a) County  
(b) City or town Rural - S. Campbell Twp.  
(c) Name of hospital or institution: OZARK OSTEOPATHIC HOSPITAL  
(d) Length of stay: In hospital or institution  
In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Polk 84  
(c) City or town Fair Play  
(d) Street No. \_\_\_\_\_  
(e) Citizen of foreign country? \_\_\_\_\_  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mauda Mannaway  
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 Frank Mannaway  
6. (c) Age of husband or wife if alive 75 years  
7. Birth date of deceased Sept 29 1888

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 6 day 13 year 1947 hour 12 minute 30 A.M.  
21. I hereby certify that I attended the deceased from 6-12-47 to 6-12-47  
that I last saw her alive on 6-12-47 and that death occurred on the date and hour stated above.  
Immediate cause of death: Stroke

8. AGE: Years 58 Months 9 Days 3 If less than one day hr. min.

Due to Senescence resulting from necrosis of inguinal lymphatic area of Carcinoma  
Other conditions: 59E  
Major findings: Surgery done at Ellis Fidelity Hosp. Columbia, Mo.

9. Birthplace Cedar Co. Mo.  
10. Usual occupation Housewife

MOTHER FATHER  
11. Industry or business  
12. Name Bill Wormsley  
13. Birthplace ? Virginia  
14. Maiden name Sarah LaPew  
15. Birthplace ? Tenn.

PHYSICIAN  
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Pauline Price  
(b) Address Fair Play, Mo.  
17. (a) Burial (b) Date thereof 6-13-47  
(c) Place: burial or cremation Lindley Prairie  
18. (a) Signature of funeral director Barker, Erwin & Blum  
(b) Address Fair Play, Mo.  
19. (a) 6-19-47 (b) M. J. Hardy

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?  
(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 R. A. Michael  
Address Springfield, Mo. 6-17-47

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

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**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.....  
Licensed Embalmer No.....  
P. O. Address.....

**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.**