FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 13 1948

Registration District No. 375

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6284

State File No. 25305

Registrar's No.

1. PLACE OF DEATH:
(a) County Wright
(b) City or town Manes (Montgomery Twp.)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community Lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Wright 114
(c) City or town Manes (Montgomery Twp.)
(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 Mandy Louisa Crisp
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced ~~[illegible]~~
6. (b) Name of husband or wife Riley Crisp
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Nov. 8, 1871 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
76	8	15	br. min.

9. Birthplace ELK CREEK, Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name DAVE WILLIAMS
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Sarah Burial Williams
15. Birthplace Missouri
(City, town, or county) (State or foreign country)
16. (a) Informant John Crisp
(b) Address Mtn. Grove, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 24, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Manes Cemetery
18. (a) Signature of funeral director Russell Barber
(b) Address Mtn. Grove Mo.
19. (a) 8-13-48 (Date received local registrar) (b) E. B. Corner (Registrar's signature) 346

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23
year 1948 hour 8:45 minute P. M.
21. I hereby certify that I attended the deceased from March 28, 1948 to July 23, 1948
that I last saw her alive on July 7, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis	2 yrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 93D	
Of autopsy	

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature J. T. Bridges (M. D. or other)
Address Manes, Mo. Date signed 7-26-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 848-844
Date Filed AUG 10 1948

AUG 13 1948

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 Russell Barber

Licensed Embalmer No. 3848

P. O. Address Mtn. Grove Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.