No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 14 1948

Registration District No. 226

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4337

State File No. 27094

Registrar's No. 29

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

1. PLACE OF DEATH:
(a) County Monroe
(b) City or town Madison
(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 about 3 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Ohio (b) County 999
(c) City or town Kingfisher 34
(If outside city or town limits, write "RURAL") 0
(d) Street No. 2
(If rural, give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Charles Lesley McManawa
3. (b) If veteran, name war —
3. (c) Social Security No.

4. Sex Male 21
5. Color or race Negro
6. (a) Single, widowed, married, divorced widowed 9
6. (b) Name of husband or wife Amanda McManawa
6. (c) Age of husband or wife if alive deceased
7. Birth date of deceased 2 (Month) 17 (Day) 1859 (Year)

8. AGE: Years 89 Months 6 Days 17 If less than one day ..... hr. ..... min.

9. Birthplace Paris (City, town, or county) Mo (State or foreign country) 0
10. Usual occupation Farmer
11. Industry or business Farming
FATHER
12. Name John McManawa
13. Birthplace (City, town, or county) Mo (State or foreign country) 0
MOTHER
14. Maiden name Amanda Benton
15. Birthplace Dorsh Knox (City, town, or county) (State or foreign country) 9
16. (a) Informant Hattie Gooch
(b) Address Madison, Mo
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9-5-48 (Month) (Day) (Year)
(c) Place: burial or cremation Kingfisher Ohio
18. (a) Signature of funeral director Fred A Thompson
(b) Address Madison Mo
19. (a) Sept 5, 1948 (Date received local registrar) (b) Olive Little (Registrar's signature) 04

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 3
year 1 hour 2 minute 40 A.M.

21. I hereby certify that I attended the deceased from Aug. 30, 1948 to Sept 3, 1948 that I last saw him alive on Aug 30, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Uremia	5 days
Due to	
Due to	
Other conditions Cardio-renal Vascular disease (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy 13	

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 2

23. Signature T Turner (M. D. or other) D.O.
Address Madison Mo Date signed 9/3/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 9-48-1616
Date Filed SEP 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 Fred A. Thompson

Licensed Embalmer No. 1420

P. O. Address Madison, Md.

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.