

S. No. 2
M-5-42
v. 5-17-39
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43457
Registrar's No. 93

FILED JAN 12 1944

Registration District No. _____ Primary Registration District No. 5991

1. PLACE OF DEATH:
(a) County PATNAM
(b) City or town Rural Liberty Twp
(c) Name of hospital or institution: Livonia Mo 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 life years, months or days

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

3. (a) PRINT FULL NAME RICHARD WARTHORN MANNON
(b) If veteran, name war ✓
(c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 11 day 19
year 1943 hour 7 minute - 7 M.
21. I hereby certify that I attended the deceased from 11-10
1943 to 11-19 1943
that I last saw him alive on 11-10 1943
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced M
(b) Name of husband or wife SARAH ELIZABETH PETTY
6. (c) Age of husband or wife if alive 96 years
7. Birth date of deceased Oct 3 1846
(Month) (Day) (Year)

Immediate cause of death Chronic Hepatitis
+ aortic atherosclerosis

8. AGE: Years Months Days If less than one day
97 1 16 hr min.

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

9. Birthplace Ill
(City, town, or county) (State or foreign country)
10. Usual occupation FARMER

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

11. Industry or business _____
12. Name JOHN H. MANNON
13. Birthplace Ill
(City, town, or county) (State or foreign country)
14. Maiden name JANE
15. Birthplace Ill
(City, town, or county) (State or foreign country)

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 P. Hart (M. D. or other) _____
Address Centerville Mo Date signed 11-21-43

16. (a) Informant Ray Mannon
(b) Address Livonia, Mo
17. (a) BURIAL (b) Date thereof 11-21-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation SHIPLEY CEM.
18. (a) Signature of funeral director W. O. ...
(b) Address Unionville Mo
19. (a) 11/20/43 (b) W. O. ...
(Date received local Registrar) (Registrar's signature)

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

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number 1-4-26

Date Filed JAN 10 1944

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 Myrl E. Husted

Licensed Embalmer No. 3304

P. O. Address Winnville, Mo

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.