

1. PLACE OF DEATH:

(a) County Perry  
(b) City or town 'Rural' Saline Twp.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Perryville, Mo. R.F.D.#1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1  
(Specify whether  
In this community Life LITHIUM, MO  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Perry 079  
(c) City or town Ruralville  
(If outside city or town limits, write "RURAL")  
(d) Street No. Perryville, Mo R.F.D.#1  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 28  
year 1941 hour 6 minute 10 A.M.

21. I hereby certify that I attended the deceased from Sept 1 1941, to Sept 28 1941;  
that I last saw him alive on Sept 26 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Duration 2 days

Due to Coronary Sclerosis 2 yrs

Due to General arteriosclerosis 2 yrs  
Chronic Myocarditis 2 yrs

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations gfa  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to 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 \_\_\_\_\_

23. Signature Oscar A. Carron (M. D. or other)  
Address Perryville, Mo. Date signed 9-29-41

3. (a) PRINT FULL NAME William Manning

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. none

4. Sex Male 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 Dec. 16, 1855  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
85 9 12 hr. min.

9. Birthplace Perry County Mo. U.S.A.  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer (Retired)

11. Industry or business \_\_\_\_\_

12. Name Leo Manning

13. Birthplace Perry County, Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Lydia McClennahan

15. Birthplace St. Genevieve, County, Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Leo Delani

(b) Address Perryville Mo Rt No 1

17. (a) Burial (b) Date thereof \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Marys Mo.

18. (a) Signature of funeral director Bay Funeral Home

(b) Address Perryville, Mo.

19. (a) Sept-29 (b) G. F. Wraff  
(Date received local registrar) (Registrar's signature)

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

79  
0  
0

**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 *Le Roy J. Schindler*  
Licensed Embalmer No. *4175*  
P. O. Address *Perryville 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.**