S. No. 2
OM—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 28 1944

Registration District No. 3176

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6074

State File No. 1195

Registrar's No. 57

1. PLACE OF DEATH:
(a) County St Francois
(b) City or town Desloge Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home
308 Chestnut St Desloge Mo
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 25 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St Francois
(c) City or town Desloge, Missouri
(If outside city or town limits, write "RURAL")
(d) Street No. 308 Chestnut St.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Lydia B. Manson
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 widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April 18 1877
(Month) (Day) (Year)

8. AGE: Years 66 Months 10 Days 8 If less than one day hr. min.

9. Birthplace Silver Springs (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Care of home
11. Industry or business

MOTHER FATHER
12. Name George C. Jones
13. Birthplace Liverpool (City, town, or county) England (State or foreign country)
14. Maiden name Eliza Jane Moon
15. Birthplace Blackwell (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Wm. F. Manson
(b) Address Desloge, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-28-44 (Month) (Day) (Year)
(c) Place: burial or cremation Primrose
18. (a) Signature of funeral director C. J. Boyer
(b) Address Desloge Missouri
19. (a) MARCH 4 1944 (Date received local registrar) (b) Byrdie Buhrmester (Registrar's signature)

1196

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 26
year 1944 hour 0 minute M.

21. I hereby certify that I attended the deceased from
JUNE, 1943, to FEBRUARY 25 1944;
that I last saw her alive on FEBRUARY 25 1944;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocarditis (Chronic)	yrs
Due to: Thyrotoxicosis	several yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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 [illegible] (M.D. or other) DO
Address Potosi Mo Date signed 2/28/44

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 244-359

Date Filed 3-27-44

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 Durlin T. Dozier

Licensed Embalmer No. 2660

P. O. Address Wesley Miss.

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.