S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8383

FILED APR 6 1946

Registration District No. 2 Primary Registration District No. 4009 Registrar's No. 46

1. PLACE OF DEATH:
(a) County Andrew
(b) City or town Savannah (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Nichols Sanitarium (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14 Do (Specify whether years, months or days)
In this community Life

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

3. (a) PRINT FULL NAME Maggie Defore
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 Married
6. (b) Name of husband or wife Would Not State
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Oct (Month) 18 (Day) 1876 (Year)

8. AGE: Years	Months	Days	If less than one day
69	5	0	hr. min.

9. Birthplace Andrew Co (City, town, or county) Mo (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name Richard McManus
13. Birthplace (City, town, or county) Ky (State or foreign country)
MOTHER 14. Maiden name Lucy unknown
15. Birthplace (City, town, or county) Mo. (State or foreign country)
16. (a) Informant P. N. McManus
(b) Address ~~Cosby~~ Cosby Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-20-46 (Month) (Day) (Year)
(c) Place: burial or cremation New Nullinger Cem
18. (a) Signature of funeral director Fleeman & Son Inc
(b) Address St Joseph Mo.
19. (a) 3 20 46 (Date received local registrar) (b) Lillian Sparks (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18th year 1946 hour 7 minute a M.

21. I hereby certify that I attended the deceased from March 4 1946 to March 18 1946 that I last saw her alive on March 17 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchial Pneumonia	6 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 0	
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 0

23. Signature J. C. Nichols (M. D. ~~or other~~)
Address Savannah Missouri Date signed 3/18/46

(Licensed Embalmer's Statement on Reverse Side)

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 Robert L Gayle

Licensed Embalmer No. 3308

P. O. Address St Joseph, 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.