WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JAN 26 1934

48

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

40408

1. PLACE OF DEATH

County Jackson — Registration District No. 404 — File No.

Township ~~Kaw~~ Washington — Primary Registration District No. 5558 — Registered No. 63

City ~~Kansas City~~ (No. 807 East 86th St. Terrace St. Ward)

2. FULL NAME Dr. A. Horace Mann

(a) Residence, No. 807 E. 86th St. Terrace Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mrs. Edna D. Mann

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9/27/1864

7. AGE: YEARS 69 — MONTHS 2 — DAYS 24 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dentist (Retired)
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chester, Ill

FATHER

13. NAME Alfred M. Mann
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

MOTHER

15. MAIDEN NAME Sarah S. Hood
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) South Carolina

17. INFORMANT (ADDRESS) Mrs. Edna D. Mann, 807 E. 86th Terrace K. C. Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mausoleum DATE 12/23/33 19

19. UNDERTAKER (ADDRESS) Freeman Mortuary, Kansas City, Mo

20. FILED 12-25- 1933 B.F. Ormiand Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 21 '33, 19

22. I HEREBY CERTIFY, That I attended deceased from Nov 1933, 19, to Dec 21, 1933

I last saw him alive on Dec 20, 1933 Death is said to have occurred on the date stated above, at 6 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
93 Cerebral Hemorrhage	
L Hemiplegia	
6	
1 Acute dilatation	
93 Heart	

Other contributory causes of importance: Chronic Hypertension & Myocarditis

Name of operation None Date of

What test confirmed diagnosis? Unused Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) R R Cleffey, M. D.

(Address) 1103 Grand

12:30 to 2:30