

NOV 25 1938

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

36635
Do not use this space.

1. PLACE OF DEATH

(a) County Reynolds Registration District No. 748
(b) Township 1 Primary Registration District No. 6982 Registered No.
(c) City 1 (d) Street No.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

WILLIAM MANN
(a) Residence, No. ELLINGTON MO. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-10-1851

7. AGE YEARS 87 MONTHS 6 DAYS 4 If LESS than 1 day, hrs. or min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Reynolds Co. Mo

FATHER 13. NAME ISAAC MANN

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Reynolds Co. Mo

MOTHER 15. MAIDEN NAME Nekkie Boyd

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Reynolds Co. Mo

17. INFORMANT (ADDRESS) Cecil Stoads Dikh Ellington Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Doe Run DATE Oct 16 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Croy-Heuckel Ellington Mo

20. FILED Oct 15 1938 Essie Evans Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-14-1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 18 1935 to Oct 14 1938
I last saw him alive on 10/13 1938. Death is said to have occurred on the date stated above, at 4:00 P.M.

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

Metrol regurgitation Date of onset 1/1

Other contributory causes of importance: Atherosclerosis Chronic nephritis

Name of operation None Date of no
What test confirmed diagnosis? no Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? 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? no
If so, specify

(Signed) [Signature] M. D.
(Address) Ellington Mo

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, Oct 14-19

....., or by

Registered Apprentice No., working under my personal supervision.

Signed

Phil A Lenchel

Licensed Embalmer No. 2936

P. O. Address Von Buren Tr

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, above space should be left blank.