REC'D FEB 21 1939

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

1668
Do not use this space.

1. PLACE OF DEATH
(a) County Buchanan — Registration District No. 85
(b) Township — Primary Registration District No. 1001 — Registered No. 66
(c) City St. Joseph — (d) Street No. 2020 N.3rd. St.
(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 50 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Odeal Mann
(a) Residence, No. 2020 N.3rd. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Joseph R.Mann

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 14,1859.

7. AGE: Years 79 — Months 10 — Days 7 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: At Home
9. Industry or business in which work was done, as saw mill, bank, etc.
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): St.Charles Missouri.

FATHER
13. NAME: Constant Prenatt
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown France

MOTHER
15. MAIDEN NAME: Rosalie Coty
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown France.

17. INFORMANT (ADDRESS): Mrs.Elizabeth Mann 810 S.36th.Str.St.Joseph,Mo.

18. BURIAL, CREMATION, OR REMOVAL: Mt.Olivet Cemt. PLACE St.Joseph,Mo. DATE Jan.23 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS): H.O.Sidenfaden & Son 1802 Union Str.St.Joseph,Mo.

20. FILED 1-23 1939 H.J. Nettelbeck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): January 21, 1939.

22. I HEREBY CERTIFY, That I attended deceased from Oct 25, 1938, to Jan 21, 1939
I last saw her alive on Jan 20, 1939 Death is said to have occurred on the date stated above, at 2:25 AM
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocardial Insufficiency	unknown
93P2	

Other contributory causes of importance:

Arteriosclerosis General	unknown

Name of operation: None Date of
What test confirmed diagnosis? Clinical 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) Gustav N. Lau, M. D.
(Address) Kirkpatrick Bldg St Joseph Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

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, Elbert E.Harrington, or by ********,

Registered Apprentice No. ********, working under my personal supervision.

Signed Elbert E. Harrington

Licensed Embalmer No. 3253.

P. O. Address 1802 Union Str.St.Josep

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.