

REC'D MAR 20 1939

Dr. J. H. Hickman

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

6725
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 398
 (b) Township Blue Primary Registration District No. 3019 Registered No. 70
 (c) City Independence (d) Street No. Independence Sanitarium 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Orange Vine Lemon Mann

(a) Residence, No. RR # 2 Indep. Mo. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 29, 1866
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 10 22

8. Trade, profession, or particular kind of work done, as a lawyer, bookkeeper, etc. Farmer
 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) Indiana

13. NAME Benjamin F. Mann

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

15. MAIDEN NAME Martha Hawkins

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

17. INFORMANT (ADDRESS) Mrs. Hattie Mann
R.R. # 2 Indep. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Courtney Cem. DATE Feb. 25 1938

19. FUNERAL DIRECTOR (ADDRESS) Ott & Mitchell
Independence Mo.

20. FILED 2-27-39 F. L. Cook Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 23 1939

22. I HEREBY CERTIFY, That I attended deceased from 1934 to Feb. 23, 1939
 I last saw him alive on Feb. 27, 1939. Death is said to have occurred on the date stated above, at 1:00 a.m.
 The principal cause of death and related causes of importance were as follows:

Sepsis from
gangrene by toxic lower extremities
Adeniosclerosis 1930
Arteriosclerosis 1939
Chronic myocarditis 1935
 Date of onset Feb. 13

Other contributory causes of importance:
Adeniosclerosis 1930
Arteriosclerosis 1939
Chronic myocarditis 1935
 Name of operation none Date of _____
 What test confirmed diagnosis? clinical Was there an autopsy? _____

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? at home (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) J. H. Hickman, M. D.
 (Address) Independence Mo.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A FEDERAL FORM—DO NOT WRITE IN THESE SPACES

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STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)