

REC'D JUL 15 1939

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

22325

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 280
 (b) Township Greene Primary Registration District No. 5553D Registered No. 118
 (c) City Home (d) Street No. Home North (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

E. A. Mann - n. m. o
 (a) Residence, No. J. C. Home 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 <u>Male</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widower</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Unknown</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 1 - 1876</u> | | |
| 7. AGE YEARS <u>63</u> | MONTHS <u>0</u> | DAYS <u>8</u> |
| 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Farmer</u> | | |
| 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 <u>0</u> |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u> | | |
| FATHER | 13. NAME <u>Unknown</u> | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u> | |
| MOTHER | 15. MAIDEN NAME <u>Unknown</u> | |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u> | |
| 17. INFORMANT (ADDRESS) <u>Ernest Jackson</u> <u>Home</u> | | |
| 18. BURIAL, CREMATION, OR REMOVAL <u>Green Lawn</u> DATE <u>June 13 - 1939</u> | | |
| 19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Wetherlin</u> <u>Home</u> | | |
| 20. FILED <u>6/14/39</u> 1939 <u>Local Registrar</u> | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 9 1939

22. I HEREBY CERTIFY That I attended deceased from Jan 1 1939 to 6-9 1939
 last saw him alive on 6-8 1939 Death is said to have occurred on the date stated above, at 3 P. m.
 The principal cause of death and related causes of importance were as follows:
Pulmonary tuberculosis
formed Mt Vernon
 Other contributory causes of importance:
JZ

Name of operation Autopsy Date of June 13 1939
 What test confirmed diagnosis Microscopic 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) J. H. Green, M. D.
 (Address) Independence Mo

(Licensed Embalmer's Statement on Reverse Side)

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

X18603

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.....

Licensed Embalmer No.....

P. O. Address.....

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.