

550 JUL 14 1939

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

23541
Do not use this space.

1. PLACE OF DEATH
 (a) County Webster Registration District No. 896
 (b) Township High Prairie Primary Registration District No. 6200
 (c) City or _____ (d) Street No. _____ St.
 (e) Length of residence in city or town where death occurred life yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
 2. PRINT FULL NAME 550 Emma Clift Mann
 (a) Residence, No. _____ 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 Female 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 Charles Mann
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 4 1876
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 11 18
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as saw mill, bank, etc. Home
 10. Date deceased last worked at this occupation (month and year) March 19 39 11. Total time (years) spent in this occupation life
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
 FATHER 13. NAME John Hightower
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
 MOTHER 15. MAIDEN NAME Mary Gardner
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
 17. INFORMANT (ADDRESS) Ernest Clift
Marshfield, Missouri
 18. BURIAL, CREMATION, OR REMOVAL PLACE Black Oak DATE March 24 1939
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Rex Rainey
Marshfield, Missouri
 20. FILED July 25 19 39 Elizabeth Hightower
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 22 1939
 22. HEREBY CERTIFY That I attended deceased from Mar 1 - 1939, to March 22 1939
 I last saw him alive on Mar 22 1939 Death is said to have occurred on the date stated above, at 11 A.m.
 The principal cause of death and related causes of importance were as follows:
Chronic Infection
Pneumonia
Respiratory
 Date of onset _____
 Other contributory causes of importance: 171
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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? _____ (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) W F Schmitt, M. D.
Springfield, 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.

RECEIVED

District Health Officer No. 6,

District File Number 739-1446

Date Filed JUL 11 1939

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

Signed.....

Licensed Embalmer No. 3312

P. O. Address Marshfield, Missouri

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.