

FILED MAR 18 1940

Registration District No. _____ Primary Registration District No. 4403

81-2
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

I. PLACE OF DEATH:

(a) County Rolla

(b) City or town Rolla
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community 5 months

3. (a) PRINT FULL NAME Horace Sharp Mann

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced Married

(b) Name of husband or wife Bess L. Mann

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct 10 1881
(Month) (Day) (Year)

8. AGE: Years 58 Months 3 Days 28
hr. _____ min. _____

9. Birthplace Laestis Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Professor

11. Industry or business in School of Mines

MOTHER FATHER

12. Name Wm. Mann

13. Birthplace Mo
(City, town, or county) (State or foreign country)

14. Maiden name Victoria Blue

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Bess Mann

(b) Address Rolla Mo

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof Feb 10 1940
(Month) (Day) (Year)

(c) Place: burial or cremation Rolla Mo

18. (a) Signature of funeral director Rolla Mo

(b) Address Rolla Mo

19. (a) Feb 10 1940 (b) Jan 7. Dyer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mass (b) County _____

(c) City or town Boston
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 8
year 1940 hour 2:00 minute _____ P.M.

21. I hereby certify that I attended the deceased from Feb 2nd
1940, to Feb 8, 1940
that I last saw him alive on Feb 8, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

Due to _____

Due to _____

Other conditions 14 PG
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
W
(Specify type of place) (e) Means of injury _____

23. Signature P. E. Feind M.D. (M. D. or other) _____

Address Rolla, Mo Date signed 2-12-40

Duration Feb 2nd 1940

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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.

RECEIVED

District Health Officer No. 5,

District File Number 340329

Date Filed 3/24/0

Signed

S. L. [Signature]

Licensed Embalmer No. 3397

P. O. Address

Rolla mo

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.