

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 9794  
Registrar's No. 1228

Registration District No. 399 Primary Registration District No. 1002

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
611 Spruce  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community Since 1912 years, months or days

3. (a) PRINT FULL NAME MARTHA C. MANGUM 525  
8. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Andrew J. Mangum 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased May 4, 1862  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
77 10 15 hr. min.

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

10. Usual occupation At Home

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name John T. Dickerson  
18. Birthplace Woodstock Georgia  
(City, town, or county) (State or foreign country)  
14. Maiden name Martha Thompson  
15. Birthplace Woodstock Georgia  
(City, town, or county) (State or foreign country)

16. (a) Informant Care D. Mangum  
(b) Address 611 Spruce

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-22-40  
(Month) (Day) (Year)  
(c) Place: burial or cremation Belton, Mo.

18. (a) Signature of funeral director Spink & Tolin Co.  
(b) Address H. O. Mo.

19. (a) Mch 19, 1940 (Date received local registrar) (b) M. M. Crow (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jackson  
Kansas City  
(c) City or town \_\_\_\_\_ (If outside city or town limit, write "RURAL")  
(d) Street No. 611 Spruce (If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month march day 19  
year 1940 hour 1 minute a. M.

21. I hereby certify that I attended the deceased from mar 2, 1940, to mar 19, 1940; that I last saw her alive on 3/18, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Fracture l. hip Duration 18 da

Due to Arterio-sclerosis 10 yrs

Due to Chronic myocarditis 10 yrs

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_ Of autopsy \_\_\_\_\_ PHYSICIAN \_\_\_\_\_ Underline the cause to which death should be charged statistically.

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? Home H.C. Mo  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? in home  
(Specify type of place) While at work? no (e) Means of injury d. 334 feet

23. Signature F. B. Wallace (M. D. or other) M.D.  
Address Lathrop 9247 Date signed 3/19/40

Dr. Frank B. Wallace  
Lathrap Bldg

12-5

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**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.....

*Charles M. Jones*

Licensed Embalmer No. *3774*

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.