

No. 2  
1-10-39  
17-39  
X21492  
U 154

MAY 13 1940  
85

Primary Registration District No. 1001

State File No.

Registrar's No.

380

1. PLACE OF DEATH:

(a) County BUCHANAN  
(b) City or town ST. JOSEPH  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
2101 BARTLETT 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 6 MONTHS  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME CLARA - MANN

3. (b) If veteran, name war — 3. (c) Social Security No. NO

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

6. (b) Name of husband or wife Simpson Mann 6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased. unk (Month) unk (Day) 1871 (Year)

8. AGE: Years abt 6.9 Months unk Days unk If less than one day .hr. .min.

9. Birthplace St Joseph MO (City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business

12. Name Charles Norman

13. Birthplace St Charles MO (City, town, or county) (State or foreign country)

14. Maiden name Elizabeth (City, town, or county) (State or foreign country)

15. Birthplace Do Not Know (City, town, or county) (State or foreign country)

16. (a) Informant Eugenia Bessitt

(b) Address St Joseph Mo

17. (a) burial (Burial, cremation, or removal) (b) Date thereof April 3 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Oakland Cemetery

18. (a) Signature of funeral director Roy Slawey

(b) Address St Joseph MO

19. (a) April 3 1940 (Date received local registrar) (b) [Signature] (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County BUCHANAN  
(c) City or town ST. JOSEPH  
(If outside city or town limits write "RURAL")  
(d) Street No. 2101 BARTLETT  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 1 ST year 1940 hour 4:30 minute P M.

21. I hereby certify that I attended the deceased from 3/25, 1940 to 4/1, 1940  
that I last saw or alive on 3/25, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Anoxia  
Left side Paralysis  
right side

Due to [Signature]  
Due to [Signature]  
Other conditions —  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations —  
Of autopsy no

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) no  
(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? 85

(Specify type of place) While at work? — (e) Means of injury —

23. Signature [Signature] (M. D. or other) Address 2034 St Joseph Date signed 4/7/40

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

**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.....

*John H. Hurley*

....., Registered Apprentice No. ....

working under my personal supervision.

Signed *John H. Hurley*

Licensed Embalmer No. *4050*

P. O. Address *2328 St. Joseph St.*

**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.**