

AUG. 23 1940

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

26570

Do not use this space.

1. PLACE OF DEATH

(a) County Worth
(b) Township AKEN
(c) City DENVER

Registration District No. 905-
Primary Registration District No. 6216

Registered No.

(e) Length of residence in city or town where death occurred 34 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 552 ALONZO B. MANN Worth Co Mo. St. ☐ (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 26 1872

7. AGE YEARS 68 MONTHS 5 DAYS 5 IF LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as saw mill, bank, etc. Farmer
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) Worth Co (STATE OR COUNTRY) Missouri

13. NAME Amos A. Manning 14. BIRTHPLACE (CITY OR TOWN) Lancaster (STATE OR COUNTRY) Penn.

15. MAIDEN NAME Martha A. Williams 16. BIRTHPLACE (CITY OR TOWN) Morgan Co (STATE OR COUNTRY) Missouri

17. INFORMANT L. L. Manning (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL Prague Chapel DATE Jul 2 19 40

19. FUNERAL DIRECTOR (NAME) Prague Bros (ADDRESS) Denver Mo

20. FILED Aug 21 19 40 A. L. Perry Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 31 19 40

22. I HEREBY CERTIFY That I attended deceased from 19....., to 19.....

I last saw him alive on 19..... Death is said to have occurred on the date stated above, at 9 a m.

The principal cause of death and related causes of importance were as follows:

Death by Gun Shot

Other contributory causes of importance: 167

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? Accident Date of injury 7/31 19 40

Where did injury occur? Worth Co Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Home Shot

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify Switzerland (Signed) Chas. J. Anderson (Address) St. Louis, 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.

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.