

No. 2
4-13-40
-17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **40049**

Registration District No. **895**

Registration District No. **6197**

Registrar's No. **9**

FILED DEC 11 1940

1. PLACE OF DEATH:

(a) County **WAYNE**

(b) City or town **LEEPER Mo. 11th mo**
(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 _____)

In this community **20 years**
years, months or days _____

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Wayne**

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

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

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

3. (a) PRINT FULL NAME **IDA ETHEL MANN**

3. (b) If veteran, name war _____

3. (c) Social Security No. **none**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **4th**
year **1940** hour **8:15** minute **P.M.**

21. I hereby certify that I attended the deceased from **10-15-40**
_____, 19____, to **10-1-**____, 19____
that I last saw her alive on **11-1-**____, 19____
and that death occurred on the date and hour stated above.

4. Sex **Female** 5. Color or race **white**

6. (a) Single, married, divorced **married**

6. (b) Name of husband or wife **FRANK MANN** 6. (c) Age of husband or wife if alive **54** years

7. Birth date of deceased **March 10 1903**
(Month) (Day) (Year)

Immediate cause of death **Cancer of uterus** **1 yr**

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

8. AGE:

Years	Months	Days	If less than one day
37	7	23	hr. _____ min. _____

9. Birthplace **Rambauer Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

MOTHER FATHER { 12. Name **MARROE FOSTER**

13. Birthplace **Don't know**
(City, town, or county) (State or foreign country)

14. Maiden name **JANE HARVE**

15. Birthplace **Don't know**
(City, town, or county) (State or foreign country)

16. (a) Informant **Frank Mann**

(b) Address **Leeper Mo**

17. (a) _____ (b) Date thereof **Nov 5 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Clay Cemetery**

18. (a) Signature of funeral director **F. O. Yates**

(b) Address **Leeper Mo**

19. (a) **Nov 7 1940** (b) **Nelson Newson**
(Date received local registrar) (Registrar's signature)

PHYSICIAN

Major findings: _____

Of operations _____

Of autopsy _____

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? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature **W. J. James** (M. D. or other) _____

Address **Leeper Mo** Date signed **11-4-40**

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.....

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

Licensed Embalmer No. *3905*

P. O. Address *Piedmont, N.C.*

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, fact should be so stated above.