

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 43718

JAN 25 1941 775
Registration District No.

Primary Registration District No. 6020-a

Registrar's No. 81

1. PLACE OF DEATH:

(a) County St. Francois
(b) City or town Bonneterre
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Bonneterre
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days
(Specify whether years, months or days) 1

3. (a) PRINT FULL NAME Rascal Lee Mantz
(b) If veteran, name war _____ (c) Social Security No. 491-16-1832

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Pearl Witeaker 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June 16 1902
(Month) (Day) (Year)

8. AGE: Years 38 Months 5 Days 23 If less than one day _____ hr. _____ min.

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

10. Usual occupation W. P. A.

11. Industry or business _____

MOTHER FATHER
12. Name Henry Mantz
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name May Ann Bull
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Pearl Mantz
(b) Address Desloge Missouri
17. (a) Burial (b) Date thereof Dec 11 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Herod Cemetery
18. (a) Signature of funeral director C. Z. Boyer
(b) Address Desloge Missouri
19. (a) Dec 11 1940 (b) N. W. Navopina
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Francois
(c) City or town Desloge
(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 Dec day 9
year 1940 hour 1:30 minute _____ M.
21. I hereby certify that I attended the deceased from 12.2.40
_____, 19____, to 12.9, 1940;
that I last saw him alive on 12.9.40
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia Duration _____
(Middle lobe - 1st lobe)

Due to _____
Due to _____

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? _____ (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 E. H. Applebury (M. D. or other) MD
Address Flax River Mo Date signed 12.11.40

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

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.

1 X1931

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 E. J. Boyer
Licensed Embalmer No. 1671
P. O. Address Desloge 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.