

Registration District No.

85

Primary Registration District No.

1001

Registrar's No.

18

1. PLACE OF DEATH:

(a) County Bethany
(b) City or town St Joe
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri Methodist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 days
(Specify whether years, months or days St Joe, Mo. life time)

8. (a) PRINT FULL NAME WILLIAM MANN

8. (b) If veteran, name war no 8. (c) Social Security No. no

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

6. (b) Name of husband or wife Lillie Mann 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased unknown 1870
(Month) (Day) (Year)

8. AGE: Years 71 Months unknown Days unknown If less than one day hr. min.

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

10. Usual occupation Retired Farmer

MOTHER FATHER

12. Name John Mann

13. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

14. Maiden name unknown

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

16. (a) Informant D. P. Robertson
(b) Address Jamesport Mo

17. (a) Jamesport Mo (b) Date thereof 1-9-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jamesport Mo

18. (a) Signature of funeral director D. P. Robertson
(b) Address Jamesport Mo

19. (a) 1/8/41 (b) H. Mestebach
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Daviess 31
(c) City or town Jamesport Mo 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. none
(If rural, give location) 1
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 7
year 1941 hour 3 minute 20 P. M.

21. I hereby certify that I attended the deceased from Dec
1940, to Jan 7, 1941;
that I last saw him alive on Jan 7, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia Duration

Due to Chronic nephritis 4 1/2

Due to _____

Other conditions Carcinoma of sigmoid
(Include pregnancy within 3 months of death)
colon

Major findings:
Of operations no op PHYSICIAN
Of autopsy no autopsy Underlies 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? _____
85 (Specify type of place) (e) Means of injury _____
While at work? _____

23. Signature Harold J. Brumm (M. D. or other) D
Address St. Joseph, Mo. Date signed Jan 7, 1941

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

11
1
7

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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 D. S. Roberson

Licensed Embalmer No. 3244

P. O. Address Jonestown - MD

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.