DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED FEB 14 1941

State File No. 3024

Registration District No. 412 Primary Registration District No. ~~412~~ 5570 Registrar's No. ~~5~~ 2

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

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Rural Dwvl
(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 42 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town Alba Rural Dwvl
(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 Jay Wesley Mangum
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife Single
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June (Month) 25 (Day) 1898 (Year)

8. AGE: Years	Months	Days	If less than one day
42	6	19	hr. min.

9. Birthplace Preston (City, town, or county) Mo. (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name Mangum
13. Birthplace (City, town, or county) Unknown (State or foreign country)
14. Maiden name Allie Creech
15. Birthplace (City, town, or county) Ind (State or foreign country)
16. (a) Informant Mrs Gertrude Ward
(b) Address Carthage, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan (Month) (Day) 1941 (Year)
(c) Place: burial or cremation Webb City Cem
18. (a) Signature of funeral director Webb City Und Co
(b) Address Webb City Mo
19. (a) 1/15 1941 (Date received local registrar) (b) Charles E Scafe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 13
year 1941 hour 7:30 minute a M.
21. I hereby certify that I attended the deceased from
, 19 , to , 19 ;
that I last saw him alive on Did not see him alive, 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Sclerosis	
Due to	
Due to 94 A	
Other conditions Influenza (Include pregnancy within 3 months of death)	14 days
Obesity	
Major findings: Of operations	
Of autopsy Coronary Sclerosis	

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?
(Specify type of place)
While at work? (e) Means of injury
23. Signature R. H. Webster (M. D. or other) Coronary
Address Carthage Mo Date signed Jan 14, 41

(Licensed Embalmer's Statement on Reverse Side)

41-2-192

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. .....

Registration District No. ..... Primary Registration District No. ..... Registrar's No. .....

1. PLACE OF DEATH:
(a) County .....
(b) City or town .....
(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 years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State ..... (b) County .....
(c) City or town .....
(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 .....

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

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

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

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

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

9. Birthplace .....

10. Usual occupation .....
11. Industry or business .....
12. Name .....
13. Birthplace ..... (City, town, or county) (State or foreign country)
14. Father's name .....
15. Birthplace ..... (City, town, or county) (State or foreign country)
16. (a) Address .....
17. (a) Informant ..... (b) Address .....
18. (a) Signature of funeral director .....
(b) Address .....
19. (a) ..... (b) .....
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month ..... day .....
Year ..... hour ..... minute ..... M.

MEDICAL CERTIFICATION

21. I hereby certify that I attended the deceased from ..... 19..... to ..... 19.....;
that I last saw him alive on ..... 19.....;
and that death occurred on the date and hour stated above.
Immediate cause of death .....
Due to .....
Due to .....
Other conditions .....
(Antecedent causes within 3 months of death)
Major findings:
(a) Operations .....
(b) Autopsy .....
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? .....
(Specify type of place)

Duration

PHYSICIAN

Underline the cause which should be charged at-tically.

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 Blayton M. Johnston Licensed Embalmer No. 3922

P. O. Address Warrensburg, 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, fact should be so stated above.

(Licensed Embalmer's Statement on Reverse Side)

No. 2
4-13-40
5-17-39
H-1 X23193

1 RECORD PERMANENT INSTRUMENT — USE PEN AND BLACK INK — WRITE PLAINLY

S. No. 2B
1—2-21-40
X22659

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

ROWENA MOORE

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3024

Registration District No. 412 Primary Registration District No. 5570 Registrar's No.

SUPPLEMENTARY

1. PLACE OF DEATH:
(a) County Jasper
(b) ~~City or town~~ Rural T.P.
(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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town
(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 Jay Wesley Mangum
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced S
6. (b) Name of husband or wife
6. (c) Age of husband, or wife, if alive years
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 42 Months 6 Days 19 If less than one day hr. min.

9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation No occupation. Mentally deficient.
11. Industry or business
FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) 3/31 1941 (Date received local registrar) (b) Charles E Scafe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 13 year 1941 hour minute M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
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?
(Specify type of place)
While at work? (e) Means of injury
23. Signature R. W. Webster (M. D. or other)
Address Carthage Mo. Date signed

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH