No. 2
-1-4-41

FILED AUG 7 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24858

Registration District No. 198 — Primary Registration District No. 3011 — Registrar's No. 94

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

1. PLACE OF DEATH:

(a) County: Clay

(b) City or town: Excelsior Springs, Mo. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Veterans Administration Facility (If not in hospital or institution, write street number or location) 0

(d) Length of stay: In hospital or institution 8 days (Specify whether years, months or days)

In this community: Unknown

2. USUAL RESIDENCE OF DECEASED: 089

(a) State: Missouri (b) County: Ray 0

(c) City or town: Rayville 0 (If outside city or town limits, write "RURAL")

(d) Street No.: – (If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME: MANN, William J.

3. (b) If veteran, name war: World War

3. (c) Social Security No.: Yes-not remembered

4. Sex: Male 0

5. Color or race: White

6. (a) Single, widowed, married, divorced: Divorced 3

6. (b) Name of husband or wife: Minnie ?

6. (c) Age of husband or wife if alive: – ? years

7. Birth date of deceased: July 20, 1892 (Month) (Day) (Year)

8. AGE: Years 48 Months 11 Days 24 If less than one day ___ hr. ___ min.

9. Birthplace: Richmond (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation: Laundryman

11. Industry or business: Laundry

FATHER
12. Name: Perry T. Mann
13. Birthplace: Ray County (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name: Jennie Bales
15. Birthplace: Ray County (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant: Hospital Records

(b) Address: V.A.F. Excelsior Springs, Mo.

17. (a) ~~Burial~~ Removal (Burial, cremation, or removal) (b) Date thereof 7-15-41 (Month) (Day) (Year)

(c) Place: burial or cremation: Rayville, Mo. (rural)

18. (a) Signature of funeral director: Claude Prichard

(b) Address: Excelsior Springs, Mo.

19. (a) July 15-1941 (Date received local registrar) (b) Mrs Lee McCracken (Registrar's signature)

180 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 14 year 1941 hour 8 minute 45 P.M.

21. I hereby certify that I attended the deceased from July 7, 1941 to July 14, 1941 that I last saw him alive on July 14, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Tuberculosis, pulmonary, far advanced terminal.	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: No operations
Of autopsy: No 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.A. Weich (M. D. or other)

Address: Veterans Administration Date signed: 7-15-41

Excelsior Springs, Mo.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 8-5-41

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 Robert Ray

Licensed Embalmer No. 4182

P. O. Address Excelsior Springs, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.