

DEC 10 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

37844

State File No. _____

Registrar's No. 1142

Registration District No. 85

Primary Registration District No. 1001

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(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 6 days (Specify whether
In this community 79 years (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan / /
(c) City or town St. Joseph /
(If outside city or town limits, write "RURAL")
(d) Street No. 104 1/2 North 2nd Street 7
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 25
year 1941 hour 4 minute 15 P. M.
21. I hereby certify that I attended the deceased from Nov.
19, 1941 to Nov. 25, 1941
that I last saw him alive on Nov. 25, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Cardio Vascula Renal Disease
Arteriosclerosis
Bilateral Lobar Pneumonia
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.

3. (a) PRINT FULL NAME

Robert Mann

3. (b) If veteran, name war _____

3. (c) Social Security No. None

4. Sex male () 5. Color or race white

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

6. (b) Name of husband or wife Clara Mann

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

7. Birth date of deceased December 26 1861
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 10 29 hr. min.

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

10. Usual occupation Laborer

11. Industry or business _____

12. Name Flemming Mann

13. Birthplace Petersburg Pennsylvania
(City, town, or county) (State or foreign country)

14. Maiden name Mary Ann Kistler

15. Birthplace Petersburg Pennsylvania
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Josephine Bagby

(b) Address Saxton, Mo.

17. (a) Burial (b) Date thereof December 1, 1941
(Burial, cession, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ebenezer Cemetery

18. (a) Signature of funeral director Walter Meirshofer

(b) Address 1302 Faraon St., St. Joseph, Mo.

19. (a) Dec. 1, 1941 (b) [Signature]
(Date received local registrar) (Registrar's signature)

85

(Licensed Embalmer's Statement on Reverse Side)

ST. JOSEPH

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

MOTHER FATHER

12. Name Flemming Mann

13. Birthplace Petersburg Pennsylvania
(City, town, or county) (State or foreign country)

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(City, town, or county) (State or foreign country)

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(b) Address 1302 Faraon St., St. Joseph, Mo.

19. (a) Dec. 1, 1941 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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 [Signature] (M. D. or other) [Signature]

Address [Address] Date signed 12-1-41

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.....

Chas. J. Ester

Licensed Embalmer No.

4154

P. O. Address.....

St. Joseph, r

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.