

STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED JUL 17 1942

Registration District No. 123129

Primary Registration District No. 5180

Registrar's No. 17

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

1. PLACE OF DEATH:  
(a) County Cape Girardeau  
(b) City or town Jackson, Shannon Twp.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Jackson Mo R # 41  
(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)

3. (a) PRINT FULL NAME William Mantz  
3. (b) If veteran, name war NO  
3. (c) Social Security No. ✓

4. Sex MO 5. Color or race W  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive ✓ years \_\_\_\_\_  
7. Birth date of deceased Feb 16 1867  
(Month) (Day) (Year)

8. AGE: Years 75 Months 4 Days 12 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Cape Girardeau Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER {  
12. Name Ernest Mantz  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Christina W. Schwaner  
15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Leo Mantz

(b) Address Jackson Mo R # 4

17. (a) Rural (b) Date thereof 6/30/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Johns Cemetery

18. (a) Signature of funeral director W. E. Corbin & Co

(b) Address Jackson Mo

19. (a) 6-30-42 (b) F. J. Schwaner  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Cape Girardeau  
(c) City or town Jackson, Shannon Twp.  
(If outside city or town limits, write "RURAL") 16  
(d) Street No. R # 4  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 28 day June  
year 1942 hour 7 minute 45 P.M.

21. I hereby certify that I attended the deceased from May 3  
1942 to June 28, 1942  
that I last saw him alive on June 22, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Chronic Myocarditis  
with decompensation

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations - 920  
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 Alfredus Tals (M. D. or other Phys.)

Address Jackson Date signed 6-28-42

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RECEIVED

District Health Officer No. 4  
District File Number 742-928  
Date Filed 7-14-42

**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 Thos. K. Allen

Licensed Embalmer No. 4055

P. O. Address Jackson

**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.**