. S. No. 2
M—9-4-41
v. 5-17-39
I X29

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Dr. Demmon

State File No. 27172

FILED SEP 14 1942

Registration District No. ~~318~~ 128

Primary Registration District No. 2000

Registrar's No. 610

39
2
6

1. PLACE OF DEATH:

(a) County: Greene

(b) City or town: Springfield City (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. John Hosp. 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 47 Days (Specify whether years, months or days)

In this community: 51 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Greene 39

(c) City or town: Springfield 2 (If outside city or town limits, write "RURAL") 6

(d) Street No.: 2129 N. Jefferson (If rural, give location)

(e) Citizen of foreign country? (Yes or No): 0

If yes, name country:

3. (a) PRINT FULL NAME: John A. Mangan

3. (b) If veteran, name war: no

3. (c) Social Security No.: 702-07-7205

4. Sex: Male 0

5. Color or race: White

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

6. (b) Name of husband or wife: Edith Mangan

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

7. Birth date of deceased: Dec. (Month) 25 (Day) 1890 (Year)

8. AGE: Years	Months	Days	If less than one day
51	7	22	hr. min.

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

10. Usual occupation: Machinist

11. Industry or business: Frisco R.R.

FATHER
12. Name: Thomas Mangan
13. Birthplace: Pacific (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name: Kate Burns
15. Birthplace: Pacific (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant: Tom Mangan
(b) Address: Springfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Aug. 19, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation: St. Mary Cemetery

18. (a) Signature of funeral director: H.H. Lohmeyer
(b) Address: Springfield, Mo.

19. (a) 8-18-42 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 17 year 1942 hour 1 minute 35 a. M.

21. I hereby certify that I attended the deceased from 6/24/42, 19..., to 8/17/42, 19... that I last saw him alive on 8/16/42, 19... and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Rheumatic heart disease (mitral insufficiency and aortic stenosis	20 yrs.
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: H. B. Demmon (M. D. or other) M.D.
Address: Springfield, Mo. Date signed 8/17/42

#8

484 (Licensed Embalmer's Statement on Reverse Side)

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 Walter E. Hamilton

Licensed Embalmer No. 3828

P. O. Address Springfield 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.