

S. No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 7 1943
D APR 7 1943
Registration District No. 771

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10697
Registrar's No. 16

Primary Registration District No. 4266

1. PLACE OF DEATH:
(a) County Lafayette
(b) City or town Wellington
(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 71 years
In this community 71 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Lafayette
(c) City or town Wellington
(d) Street No.
(e) Citizen of foreign country? No
If yes, name country

3. (a) PRINT FULL NAME Francis Walker Mann
3. (b) If veteran, name war
3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Mar day 11
year 1943 hour minute M.
21. I hereby certify that I attended the deceased from
Jan 2 1943 to Mar 12 1943
that I last saw him alive on Mar 10 1943
and that death occurred on the date and hour stated above.

4. Sex male / race white / 5. Color or race white
6. (a) Single, widowed, married, divorced, married
6. (b) Name of husband or wife Martha May Mann
6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased Aug 13 1863
(Month) (Day) (Year)

Immediate cause of death
Coronary Atherosclerosis
Duration 14 mo

8. AGE: Years 78 Months 6 Days 15
If less than one day hr. min.

Due to Atherosclerosis
Due to
Other conditions
Major findings:
Of operations
Of autopsy

9. Birthplace Warren Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Physician
11. Industry or business

MOTHER FATHER
12. Name Josiah Mann
13. Birthplace Unknown
14. Maiden name Elizabeth Moore
15. Birthplace Virginia

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?
(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

16. (a) Informant Mrs. Martha Mann
(b) Address Wellington, Mo.
17. (a) Burial (b) Date thereof Mar. 13, 1943
(c) Place: burial or cremation Wellington, Mo.
18. (a) Signature of funeral director Roy Smith
(b) Address Wellington, Mo.
19. (a) Mar 23-1943 (b) Mrs. W.F. Baker
(Date received local registrar) (Registrar's signature)

23. Signature [Signature] (M. D. or other)
Address [Address] Date signed 3/27/43

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

4
0
0
0

1157

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 4-5-42

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 *W. Ray Cullen*

Licensed Embalmer No. 4503

P. O. Address *Wellington 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.