

FILED MAY 3 1943
Registration District No.

Primary Registration District No. 1005

Registrar's No. 430

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:
903 Grand Ave
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether

In this community 50 Years
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. 903 Grand Ave
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Eva W. Mann

3. (b) If veteran, name war No

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 14th
year 1943 hour 5 minute A. M.

21. I hereby certify that I attended the deceased from Apr 7
1943 to Apr 14 1943
that I last saw her alive on Apr 13 1943
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife W.L. Mann 6. (c) Age of husband or wife if alive 23 years

7. Birth date of deceased: June 23 1866
(Month) (Day) (Year)

Immediate cause of death: Cerebral hemorrhage

Due to arterio-sclerosis

Due to Hypertension

Other conditions: 830
(Include pregnancy within 3 months of death)

8. AGE: Years 76 Months 9 Days 21
If less than one day hr. min.

9. Birthplace Buchnell Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

Major findings: _____

Of operations _____

Of autopsy No

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name Clark Wileman

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

14. Maiden name Martha Ellen Swearingen

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

16. (a) Informant Ruth Mann

(b) Address St Joseph Mo.

17. (a) Burial (b) Date thereof 4-16-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director Fleeman & Son Inc.

(b) Address 1946 Colhoun

19. (a) 4-16-43 (b) Rae Hagan
(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? _____
(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature H.S. Samuel (M. D. or other) _____
Address 722 1/2 Francis Date signed 4-16-43

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

MOTHER FATHER

1233

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 H. Gable*.....

Licensed Embalmer No. *3308*.....

P. O. Address..... *St Joseph 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.