

Registration District No. 132

Primary Registration District No. 3021

Registrar's No. 72

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

1. PLACE OF DEATH:

(a) County Grundy
(b) City or town Trenton
(c) Name of hospital or institution: Cullers Hosp
(d) Length of stay: In hospital or institution. (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County Grundy
(c) City or town Trenton Mo.
(d) Street No. 1211 Tindall Avenue
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME NANCY LEE MANG

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced. Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April 29, 1943
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day 1 hr. — min.

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

10. Usual occupation Baby

11. Industry or business Kenneth Mang

12. Name _____

13. Birthplace Grundy County Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Marie Alderson

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

16. (a) Informant Kenneth Mang

(b) Address 2020 _____

17. (a) burial (b) Date thereof April 29, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grundy County, Mo

18. (a) Signature of funeral director Wain F. Roberts

(b) Address Trenton Mo

19. (a) 5-26-43 (b) W Roberts
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 29
year 43 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from April 27, 1943 to April 29, 1943
that I last saw him alive on April 29, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Instrumental Delivery - (asphyxia neonatorum)

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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 W Roberts (M. D. or other) _____
Address Trenton Mo Date signed 5-1-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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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
W. Embalmer Registered Apprentice No. _____
working under my personal supervision.

Signed *Raymond A. Davis* _____

Licensed Embalmer No. *3424* _____

P. O. Address *Denton 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.