

**FILED JUN 20 1943**

Registration District No. **147**

Primary Registration District No. **5569**

Registrar's No. **113**

1. PLACE OF DEATH:

(a) County **Jackson**

(b) City or town **Brooking Township**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
**R. R. # 3**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **6 Months** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: **48**

(a) State **Missouri** (b) County **Jackson**

(c) City or town **Kansas City Rural**  
(If outside city or town limits, write "RURAL")

(d) Street No. **R. R. # 3** (If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country: -----

3. (a) PRINT FULL NAME **Rev. Charles Earl Mann**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **None**

4. Sex **Male**

5. Color or face **White**

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

6. (b) Name of husband or wife **Mrs. Cora Eliza Hamilton**

6. (c) Age of husband or wife if alive **8** **1875** Years (Day) (Year)

7. Birth date of deceased **July 8 1875** (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<b>67</b>	<b>8</b>	<b>11</b>	hr. min.

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

10. Usual occupation **Minister - Retired**

11. Industry or business **Baptist Church**

12. Name **Nathan Mann**

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

14. Maiden name **Loreda Charlotte**

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

16. (a) Informant **John Mann**

(b) Address **123 Kansas City, Mo**

17. (a) **Removal** (Burial, cremation, or removal)

(b) Date thereof **March 20, 1943** (Month) (Day) (Year)

(c) Place: burial or cremation **Queen City, Missouri**

18. (a) Signature of funeral director **O. H. Newcomer, Son**

(b) Address **1401 Brush Creek Blvd.**

19. (a) **Mar 19 43** (Date received local registrar)

(b) **Mrs. C. E. Saron** (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **March** day **19th** year **1943** hour **2** minute **10 A.** M.

21. I hereby certify that I attended the deceased from **on 3-18-43** 19... to... 19...

that I last saw him alive on **3-18-43** 19... and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral hem - embolage**

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?..... (Specify type of place)

23. Signature **Robert M. Myers** (M. D. or other) **M. D.**

Address **1025 Duette Bldg** Date signed **3-19-43**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

48000

1159

1021 Speake's Bldg  
12 - fourth

**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..... *R. D. Newcomer*  
Licensed Embalmer No..... *4043*  
P. O. Address..... *N. C. 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.