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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 28 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1578
Registrar's No. 93

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County: JACKSON
(b) City or town: KANSAS CITY (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: MAYFAIR HOTEL 1224 LINWOOD BLVD. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ---- (Specify whether years, months or days)
In this community: 56 YEARS

2. USUAL RESIDENCE OF DECEASED: 98
(a) State: MISSOURI (b) County: JACKSON
(c) City or town: KANSAS CITY (If outside city or town limits, write "RURAL")
(d) Street No. MAYFAIR HOTEL · 1224 LINWOOD BLVD. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: ----

3. (a) PRINT FULL NAME: MR. CHESTER DEWITT MANN SR
3. (b) If veteran, name war: No
3. (c) Social Security No. NONE
4. Sex: MALE
5. Color or race: WHITE
6. (a) Single, widowed, married, divorced: DIVORCED
6. (b) Name of husband or wife: MRS. VERA VAN MONTROSE MANN
6. (c) Age of husband or wife if alive: 54 years
7. Birth date of deceased: JANUARY (Month) 2 (Day) 1888 (Year)

8. AGE: Years 56 | Months 0 | Days 3 | If less than one day ____ hr. ____ min.

9. Birthplace: KANSAS CITY (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation: BRIDGE ENGINEER
11. Industry or business: PUBLIC ROADS ADMINISTRATION
FATHER
12. Name: ARTHUR D. MANN
13. Birthplace: FRANKLIN (City, town, or county) NEW YORK (State or foreign country)
MOTHER
14. Maiden name: AMELIA J MERCHANT
15. Birthplace: FRANKLIN (City, town, or county) NEW YORK (State or foreign country)
16. (a) Informant: Cleata D. Mann, Jr.
(b) Address: 611 East 47 St., Kansas City, Mo
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: JAN. 8. 1944 (Month) (Day) (Year)
(c) Place: burial or cremation: D.W. NEWCOMER'S SONS
18. (a) Signature of funeral director: D. W. Newcomer's Sons
(b) Address: 4101 BRUSH CREEK BLVD.
19. (a) Jan 8 1944 (Date received by local registrar) (b) E. A. Brewer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN. day 5TH year 1944 hour 3 minute 00 P.M.
21. I hereby certify that I attended the deceased from Deputy Coroner, 19__; to ____, 19__; that I last saw h. alive on ____, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Myocardial Infarction — Duration
Due to: Acute Coronary Occlusion
Due to: 940
Other conditions (Include pregnancy within 3 months of death):
Major findings:
Of operations:
Of autopsy: See Above

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: Geo. Gepner (M. D. or other) M.D.
Address: 22 M. City Date signed: 1/5/44

(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 Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address Kansas City - Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.