

No. 2
2-43
17-39
X35697

11579

State File No. 5600

FILED JAN 19 1944

Registration District No. 1002

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH: Jackson
 (a) County: Kansas City
 (b) City or town: Kansas City
 (c) Name of hospital or institution: Research Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution. 15 days
 In this community 36 years
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48
 (a) State: Missouri (b) County: Jackson
 (c) City or town: Kansas City
 (d) Street No.: 5049 Wornall Road
 (If outside city or town limits, write "RURAL")
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country: 0

3. (a) PRINT FULL NAME: CONRAD H. MANN
 3. (b) If veteran, name war: No
 3. (c) Social Security No.: No

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month: Dec. day: 27th
 year: 1943 hour: 7:15 minute: a.m.

4. Sex: Ma
 5. Color or race: Wh
 6. (a) Single, widowed, married, divorced: Married
 6. (b) Name of husband or wife: Emma Mann
 6. (c) Age of husband or wife if alive: 70 years
 7. Birth date of deceased: January 17 1871
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from
 Nov 24, 1941, to Dec 27, 1943
 that I last saw him alive on Dec 27, 1943
 and that death occurred on the date and hour stated above.

8. AGE: Years: 72 Months: 11 Days: 10
 If less than one day hr. min.

Immediate cause of death:
 Coronary occlusion
 mesothic thrombosis
 arteriosclerosis
 Duration: 7 da, 1 da, 4rs

9. Birthplace: Germany 4
 (City, town, or county) (State or foreign country)

Due to: Arteriosclerosis
 Other conditions: (Include pregnancy within 3 months of death)

10. Usual occupation: Financial Adviser

11. Industry or business: Fraternal Order of Eagles

Major findings:
 Of operations:
 Of autopsy:
 PHYSICIAN: Underline the cause to which death should be charged statistically.

12. Name: No Record

13. Birthplace: Germany 4
 (City, town, or county) (State or foreign country)

14. Maiden name: No Record

15. Birthplace: Germany 4
 (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Emma Mann
 (b) Address: 5049 Wornall Road

17. (a) Entombment (b) Date thereof: 12-30-43
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Forest Hill Abbey

18. (a) Signature of funeral director: J.M. Wagner
 (b) Address: Kansas City, Mo.

19. (a) Dec 29, 1943 (b) J.B. Brown
 (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?
 While at work? (Specify type of place) (e) Means of injury:
 23. Signature: Rousef Dawson (M. D. or other)
 Address: 820 Prof. Bldg Date signed: 12/27/43

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

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 Cecil R. Matthes

Licensed Embalmer No. 3807

P. O. Address. Kansas City 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.