

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED OCT 14 1944**

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

Registration District No. 1574

Primary Registration District No. 5575

Registrar's No. 61

1. PLACE OF DEATH:

(a) County Jackson, Rural

(b) City or town Kansas City, Washington  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
The Armour Memorial Home,  
(If not in hospital or institution, write street number or location) 5

(d) Length of stay: In hospital or institution unknown, (Specify whether  
In this community X  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri

(b) County Jackson, 47

(c) City or town Kansas City,  
(If outside city or town limits, write "RURAL") 0

(d) Street No. The Armour Memorial Home,  
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)  
If yes, name country X 0

3. (a) PRINT FULL NAME Miss Helen Mann

3. (b) If veteran, name war no.

3. (c) Social Security No. no.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife X

6. (c) Age of husband or wife if alive X years

7. Birth date of deceased: February 20 1863  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

81 7 15 hr. min.

9. Birthplace: New York  
(City, town, or county) (State or foreign country)

10. Usual occupation at home.

11. Industry or business X

MOTHER FATHER

12. Name Gilbert Mann

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

14. Maiden name Theba Jane White

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

16. (a) Informant Armour Home Records,

(b) Address 81st and Wornall Rd., K. C., Mo.

17. (a) Burial (b) Date thereof 10-6-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director Stine & McClure

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) Oct 6 - 1944 (b) Arthur H. ...  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 04 4th  
year 1944 hour 2:45 minute A. M.

21. I hereby certify that I attended the deceased on Dec 36 00.4 -, 1944, to 44, 1944.  
that I last saw him alive on and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

100

Major findings: Of operations

Of autopsy

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature Dr. ... (M. D. or other)

Address 636 ... Date signed 10.4.44

Dr. Annie S. Hodges Licensed Embalmer's Statement on Reverse Side)

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

Dr. C. D. Cantrell

*Myrtle body*

**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 *E. M. Plank*

Licensed Embalmer No. *1848*

P. O. Address *K. 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.**