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DM-2-43  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36959

State File No. \_\_\_\_\_

FILED DEC 4 1949

Registration District No. \_\_\_\_\_

Primary Registration District No. 1002

Registrar's No. 4763

1. PLACE OF DEATH

(a) County Jackson  
(b) City or town Kan City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: General Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. 4 days  
(Specify whether  
In this community 2 yrs 0  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Mandate  
(c) City or town 7523 - Kan City, Kan  
(If outside city or town limits, write "RURAL")  
(d) Street No. 7579 - No 8  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Lucille Mann

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

4. Sex M 5. Color or race Wh 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Eng Mann 6. (c) Age of husband or wife if alive 34 years  
7. Birth date of deceased Jan 31-1912  
(Month) (Day) (Year)

8. AGE: Years 32 Months 9 Days 23 If less than one day hr. min.

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

10. Usual occupation Okla

11. Industry or business none

MOTHER FATHER  
12. Name Godfrey Beets  
13. Birthplace Okla (City, town, or county) (State or foreign country)  
14. Maiden name Bessie M. Johnson  
15. Birthplace Okla (City, town, or county) (State or foreign country)

16. (a) Informant Ed Beets  
(b) Address Grand, Okla

17. (a) Removal Removal (b) Date thereof No 15-44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Grnd, Okla

18. (a) Signature of funeral director H. E. Bergman  
(b) Address 2215 Leeward

19. (a) 11-25-44 (b) D. E. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 24  
year 44 hour 6 minute 20 M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_  
to \_\_\_\_\_ 19\_\_\_\_  
that I last saw him \_\_\_\_\_ alive on Deputy Coroner 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Shock

Due to Multiple Fractures

Due to Auto Trauma

Other conditions (Car + Safety Island)  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy See Above

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) Accident 123  
(b) Date of occurrence 11-24-44  
(c) Where did injury occur? Kansas City (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, or in public place? No

While at work? No (Specify type of place) Means of Injury Auto Trauma

23. Signature A. E. Usher (M.D. or other) M.D.  
Address 123 Moley Date signed 11/24/44

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

17  
3  
0  
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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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*Harry E. Bugman*

Licensed Embalmer No.....

*2041*

P. O. Address.....

*Ke No.*

**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.**