S. No. 2
M—8-43
5-17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

38402

State File No.

FILED DEC 14 1944

Registration District No. 1437 Primary Registration District No. S820 Registrar's No. 29

1. PLACE OF DEATH:

(a) County New Madrid

(b) City or town Rural Anderson Tp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1½ miles east of Malden
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 18 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin

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

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME John W. Mann

3. (b) If veteran, name war Yes, World War I

3. (c) Social Security No. 489-123-668

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Ina Porter

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased September 10 1895
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
49	2	10	hr. min.

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

10. Usual occupation Compress Employee

11. Industry or business None

FATHER
12. Name William W. Mann
13. Birthplace St. Marell Illinois
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Josephine Baker
15. Birthplace Newton Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Clarence M. Mann
(b) Address New Madrid, Mo.

17. (a) Burial (b) Date thereof 11-21-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Rosewood

18. (a) Signature of funeral director Day Funeral Home
(b) Address Malden, Missouri

19. (a) Nov 21-44 (b) Zenda Macon
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day Sunday 19th
year 1944 hour 8 minute 30 P.M.

21. I hereby certify that I attended the deceased from ✓, 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 Fractured Skull by auto accident

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence Nov. 19-1944

(c) Where did injury occur? New Madrid Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Highway 61#
(Specify type of place)

While at work? No (e) Means of injury

23. Signature Lis Hedgepeth 3 Coroner
(M. D. or other)

Address New Madrid Mo Date signed 11/21-44

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No.
District File Number 1244-16
Date Filed 12-12-44

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 Walter Day

Licensed Embalmer No. 4060

P. O. Address Blytheville, Ark

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.