DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 16 1945

Registration District No. 78

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9542

Primary Registration District No. 4163

Registrar's No. 15

1. PLACE OF DEATH:

(a) County: Daviess

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

(c) Name of hospital or institution: ---
(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: Entire Life

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Daviess

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

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

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME: Lillie Maud Mann

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

4. Sex: Female

5. Color or race: White

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

6. (b) Name of husband or wife: Will Mann

6. (c) Age of husband or wife if alive: Dec'd years

7. Birth date of deceased: May (Month) 29 (Day) 1875 (Year)

8. AGE: Years 69 | Months 8 | Days 20 | If less than one day ____ hr. ____ min.

9. Birthplace: Daviess County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: At Home

11. Industry or business: ____

FATHER
12. Name: John K. Drummond
13. Birthplace: Daviess County (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name: Octavia Conner
15. Birthplace: Daviess County (City, town, or county) Mo. (State or foreign country)

16. (a) Informant's own signature: Glenn Mann
(b) Address: Jamesport, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2-21-1945 (Month) (Day) (Year)
(c) Place: burial or cremation: I.O.O.F. Cemetery

18. (a) Signature of funeral director: Hope Funeral Home
(b) Address: Gallatin, Missouri

19. (a) 2-20-1945 (Date received local registrar) (b) L. W. Dickerson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 19 year 1945 hour 4 minute 30 A. M.

21. I hereby certify that I attended the deceased from Feb 1, 1945 to Feb. 19, 1945; that I last saw alive on Feb. 19, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Endocarditis	1 yr
Due to Rheumatism	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

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

23. Signature: A. V. Thompson (M. D. or other)
Address: Jamesport Mo. Date signed: 2/20/45

(Licensed Embalmer's Statement on Reverse Side)

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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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 L. O. Richeson

Licensed Embalmer No. 3302

P. O. Address Gallatin, 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, above space should be left blank.