S. No. 2
M—2-43
. 5-17-39
I X35697

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

14468

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 13 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 15576

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 164

1. PLACE OF DEATH:

(a) County Adair
(b) City or town Kirksville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: K.C.O.S. Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 weeks (Specify whether years, months or days)
In this community Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair 1
(c) City or town Kirksville 0
(If outside city or town limits, write "RURAL")
(d) Street No. R. R. # 2 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Jewell Mae Mangus

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Female 1

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Dec. (Month) 5 (Day) 1929 (Year)

8. AGE: Years 16 Months 5 Days 18 If less than one day hr. min.

9. Birthplace Macon Co. (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation School

11. Industry or business

FATHER
12. Name M. Chester Mangus
13. Birthplace Macon Co. (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Eulah Shultheiss
15. Birthplace Adair Co. (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Mrs. Eulah Mangus
(b) Address Kirksville, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/26/46 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Carmel Cmt.

18. (a) Signature of funeral director D. E. Riley
(b) Address Kirksville Mo

19. (a) 6-5-46 (Date received local registrar) (b) Kate Lambert (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23 year 1946 hour 11:30 minute P. M.

21. I hereby certify that I attended the deceased from April 10, 1943, to May 23, 1946, that I last saw her alive on May 23, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Brain Abscess	2 wks.
Due to: Lung Abscess and Massive Bronchiectasis	5 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

90

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 2

23. Signature Howard E. Gross (M. D. or other) D.O.
Address Kirksville, Mo. Date signed 6-4-46

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 6-46-118
Date Filed JUN 13 1946

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.....

Licensed Embalmer No. 4181

P. O. Address.....

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.