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M-5-43
7. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17376**
Registrar's No. **180**

Registration District No. **209** Primary Registration District No. **3043**

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

1. PLACE OF DEATH:

(a) County Marion

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

(c) Name of hospital or institution:
2200 Chestnut
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days

3. (a) PRINT FULL NAME Ernst F. Mangels (E.F.)

3. (b) If veteran, name war _____

3. (c) Social Security No. 497-18-076

4. Sex Male

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 May 5, 1887
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>63</u>		<u>9</u>	hr. _____ min. _____

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

10. Usual occupation Secretary

11. Industry or business Board of Education

MOTHER FATHER { 12. Name John F. Mangels

{ 13. Birthplace Hanover Germany 4
(City, town, or county) (State or foreign country)

{ 14. Maiden name Mary Woehrman

{ 15. Birthplace Dover Ohio 1
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Gertrude Mangels

(b) Address 2200 Chestnut

17. (a) Burial (b) Date thereof 5/16/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grandview Burial Park

18. (a) Signature of funeral director Wm. H. Smith

(b) Address 902 Broadway, Hannibal Missouri

19. (a) 5-14-46 (b) Dr. E. M. Ducte
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion 64

(c) City or town Hannibal 3
(If outside city or town limits, write "RURAL")

(d) Street No. 2200 Chestnut 4
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 14
year 1946 hour 7 minute 30 A. M.

21. I hereby certify that I attended the deceased from Jan 1 to May 14 that I last saw him alive on May 13 and that death occurred on the date and hour stated above.

Immediate cause of death

Ventricular fibrillation

Due to Congestive heart failure

Due to Corony occlusion

Other conditions (Include pregnancy within 3 months of death)

Major findings: 940

Of operations _____

Of autopsy _____

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)

Means of injury 0

23. Signature W. H. Smith (M. D. or other) 0
Address Hannibal Mo Date signed 5-14-46

Duration

6 M

1 yr.

PHYSICIAN

Underline the cause to which death should be charged statistically.

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..... *Wm M Smith*

Licensed Embalmer No..... 1204

P. O. Address..... Hannibal Missouri

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.