

No. 2
M-2-43
5-17-39
I X33697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27722

Registration District No. 199

Primary Registration District No. 5732

Registrar's No.

1. PLACE OF DEATH:

(a) County Macon

(b) City or town South Gifford
(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 _____)

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Macon

(c) City or town South Gifford
(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 Sobina Bell Mangus

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex female 5. Color or race white

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

6. (b) Name of husband or wife W. H. Mangus

6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased: Aug 29 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

73 II 6 hr. _____ min.

9. Birthplace: Nox Co Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation House Keeping

11. Industry or business _____

MOTHER FATHER { 12. Name Hosikiah Day

13. Birthplace Ill
(City, town, or county) (State or foreign country)

14. Maiden name Revira Parish

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant W. H. Mangus

(b) Address South Gifford Mo

17. (a) Burial (b) Date thereof Aug 4 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Carmel

18. (a) Signature of funeral director M. H. McCallum

(b) Address South Gifford Mo

19. (a) Aug 15 1946 (b) [Signature]
(Date reported local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 3
year 1946 hour 5 minute _____ AM

21. I hereby certify that I attended the deceased from March 26
1945 to August 3, 1946
that I last saw her alive on August 2, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of breast. Duration D.K.

Due to _____

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 [Signature] (M. D. or other) _____
Address La Plata Mo. Date signed 8-4-46

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

20300

RECEIVED
District Health Officer No. 10
District File Number 9-46-1622
Date Filed SEP 7 - 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 J. A. McCallum

Licensed Embalmer No. 2052

P. O. Address South Gifford 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, fact should be so stated above.