

3. No. 2
-12-45
5-17-39
1-47070

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2063

State File No. _____

FILED FEB 10 1947

Registration District No. _____

Primary Registration District No. 5954

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Pike
(b) City or town Rural Frankford
(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 Pike
(c) City or town Rural Frankford
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Pete H. Mann

(b) If veteran, name war _____ (c) Social Security No. _____

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed

(b) Name of husband or wife FRANK 6. (c) Age of husband or wife if
alive _____ years

7. Birth date of deceased July 9 1885
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
62 6 12 hr. _____ min.

9. Birthplace Lincoln Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER

12. Name Thomas Mann

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

14. Maiden name Nannie Hawker

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

16. (a) Informant Mrs. Johnson

(b) Address Hannibal, Mo.

17. (a) Burial (b) Date thereof Jan - 25 - 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grandview Burial Park

18. (a) Signature of funeral director James P. Blaney

(b) Address Hannibal Mo

19. (a) Jan 30 / 47 (b) Amie Collier
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 21
year 1947 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19 _____ to _____ 19 _____
that I last saw him alive on _____ 19 _____
and that death occurred on the date and hour stated above.

Immediate cause of death Heart Coronary Thrombosis
Duration _____

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: g. 48
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 Jan. 21, 1947

(c) Where did injury occur? Pike Mo
(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? Yes (e) Means of injury _____

23. Signature S. A. Spoden (M.D. or other)
Address Hannibal Mo Date signed 1-22-47

374

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

RECEIVED
District Health Officer No. 10
State Hygienist 2-47-234
Date FEB - 5 1947

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 A. M. O'Connell
Licensed Embalmer No. 3889
P. O. Address Hansford, 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.