

No. 2  
1245  
5-17-39  
147070

State File No. \_\_\_\_\_  
Registrar's No. 26

FILED FEB 21 1947

Registration District No. \_\_\_\_\_ Primary Registration District No. 5655

1. PLACE OF DEATH:

(a) County Lawrence

(b) City or town Mt. Vernon, Missouri  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Missouri State Sanatorium  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 66 days  
(Specify whether years, months or days)

In this community 66 days  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Ellis Mann

3. (b) If veteran, name war No

3. (c) Social Security No. None known

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased April 30 1895  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>51</u>	<u>9</u>	<u>13</u>	hr. _____ min. _____

9. Birthplace Winchester Kentucky  
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

MOTHER FATHER

11. Industry or business Tobacco Industry

12. Name Christ C. Mann

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

14. Maiden name Laura Belle Wallingford

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

16. (a) Informant E. McMichael, Record Clerk

(b) Address Mo. State San. Mt. Vernon, Mo.

17. (a) Removal (b) Date thereof 2-13-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Weston, Mo.

18. (a) Signature of funeral director Geo. B. Orr

(b) Address Weston, Mo.

19. (a) 2/15/47 (b) D. C. Kilbuck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Platte

(c) City or town Weston  
(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 \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 12th  
year 1947 hour 7:10 minute P M.

21. I hereby certify that I attended the deceased from Dec. 9 19 46 to Feb. 12 19 47  
that I last saw him alive on Feb. 12 19 47  
and that death occurred on the date and hour stated above.

Immediate cause of death Bilateral far advanced pulmonary tuberculosis About 6 mos.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) Self-inflicted lacerations of both wrists.

Major findings: Bilateral Pulmonary TB

Of operations \_\_\_\_\_

Of autopsy Pericarditis, Tbc enteritis, Perforation of the ileum, Peritonitis.

Duration \_\_\_\_\_

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? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place)

(d) Means of injury \_\_\_\_\_

23. Signature Rec Dickman (M. D. or other) \_\_\_\_\_

Address Mt. Vernon, Mo. Date signed 2-12-47

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

RECEIVED

District Health Officer No. 6,

District File Number 247-243

Date Filed FEB 18 1947

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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 George B. Orr

Licensed Embalmer No. 946

P. O. Address Manassas, Va

**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.