

S. No. 2
M-12.45
v. 5-17-39
I X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 28 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13572

State File No. _____
Registrar's No. **1715**

Registration District No. **149** Primary Registration District No. **1002**

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2310 Harrison Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days) 33 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 2310 Harrison Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME James Melvin Mann
3. (b) If veteran, name war No 3. (c) Social Security No. Unk.

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Helen Mann 6. (c) Age of husband or wife if alive 39 years
7. Birth date of deceased April 24, 1902
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
44 11 18 hr. min.

9. Birthplace La Falls Bluff, Arkansas
(City, town, or county) (State or foreign country)
10. Usual occupation Maintenance

MOTHER FATHER
11. Industry or business _____
12. Name Andrew J. Mann
13. Birthplace Haywood County, Tennessee
(City, town, or county) (State or foreign country)
14. Maiden name Roseline Moore
15. Birthplace La Falls Bluff, Arkansas
(City, town, or county) (State or foreign country)

16. (a) Informant Helen Mann
(b) Address 2310 Harrison
17. (a) Burial (b) Date thereof 4/16/47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director Walter Cross
(b) Address 1729 Lydia Avenue
19. (a) 4-15-47 (b) M. D. Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 12 year 1947 hour 1 minute 30 A.M.
21. I hereby certify that I attended the deceased from 4-10- 1947 to 4-12- 1947
that I last saw him alive on 4-10-47 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Pulmonary Thrombosis
Due to _____
Probable Trauma To Leg - Right
Other conditions (Include pregnancy within 3 months of death) Car in motion
Major findings: Of operations 1705-8
Of autops above 21

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 Accident)
(b) Date of occurrence 4-16-47
(c) Where and injury occur? N.C. Jackson No. 1648
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Industrial hit by car door
While at work? yes (Specify type of place) (c) Means of injury car door
23. Signature M. D. Holmes M. D. Date 4/15/47
Address 1830 Olive

APR 28 1967

[Handwritten signature]

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.....

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.