S. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37765

FILED DEC 12 1947

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 1029

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1515 N. Rogers Ave.,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether
In this community 4 months. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Greene 39
(c) City or town Springfield 2
(If outside city or town limits, write "RURAL") 6
(d) Street No. 1515 N. Rogers Ave.,
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Edwin Fields Mang.
3. (b) If veteran name war None
3. (c) Social Security No. 491-03-6544
4. Sex Male 0
5. Color or race White 1
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Olive Mang
6. (c) Age of husband or wife if alive 23 years
7. Birth date of deceased October 26 1915
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
32	1	3	hr. min.

9. Birthplace Trenton Mo. 0
(City, town, or county) (State or foreign country)
10. Usual occupation Carpenter
11. Industry or business Carpentering
FATHER
12. Name Adolph Mang
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Minnie Fields
15. Birthplace Iowa 1
(City, town, or county) (State or foreign country)
16. (a) Informant Adolph Mang
(b) Address R # 5, Springfield Mo.
17. (a) Burial (b) Date thereof 12-2-1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Clear Creek Cem.
18. (a) Signature of funeral director J W Klingner & Co.
(b) Address Springfield Mo.
19. (a) 12-1-47 (b) W E Handley WD 111
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 29,
year 1947 hour 8 minute 00 P. M.
21. I hereby certify that I attended the deceased from Aug. 21, 1947 to Nov 29, 1947
that I last saw him alive on Nov 25, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma R. Lung — Duration 3 yrs
Due to W
Due to
Other conditions None
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy yes Carcinoma R Lung

PHYSICIAN
Underline the cause of 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 0
23. Signature S F Freeman (M. D. ~~or other~~)
Address Springfield Mo Date signed 11-30/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

OCT 8 1949

JUN 9 1949

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. Mac Rhodes

Licensed Embalmer No. 4071

P. O. Address Springfield.

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.