S. No. 2
M—5-43
. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 7 1948

Registration District No. 103

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 15907

Primary Registration District No. 4175

Registrar's No. 9

1. PLACE OF DEATH:

(a) County Dunklin

(b) City or town Hornersville (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether)

In this community 38 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin

(c) City or town Hornersville (If outside city or town limits, write "RURAL") 35

(d) Street No. (If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME DAN MON Mangrave

3. (b) If veteran, name war None

3. (c) Social Security No. No

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced 9

6. (b) Name of husband or wife Alma Doyle Mangrave

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

7. Birth date of deceased May (Month) 21 (Day) 1871 (Year)

8. AGE: Years 77 Months 0 Days 6 If less than one day hr. min.

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

10. Usual occupation Misister

11. Industry or business Ministery

FATHER

12. Name John Mangrave

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

MOTHER

14. Maiden name UNKNOWN

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

16. (a) Informant Mrs. Bland Seabaugh

(b) Address Hornersville

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 29, 1948 (Month) (Day) (Year)

(c) Place: burial or cremation Cape Girardeau, Mo

18. (a) Signature of funeral director [illegible]

(b) Address Kennett Mo

19. (a) May 29-48 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27th year 1948 hour 2:00 minute P. M.

21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw him alive on May 27 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral thrombosis	
Due to: Hypertension with cardiac enlargement.	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Chronic Nephritis.	

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 Wayne Stafford (M. D. or other) MD

Address Hornersville, Missouri Date signed 5-28-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 648-723
Date Filed 6-4-48

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 S Balmer

Licensed Embalmer No. 2556

P. O. Address Kennett

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.