S. No. 2
1—8-43
6-17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 26 1948

Registration District No. 128

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2000

State File No. 19184

Registrar's No. 501

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: Burge Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 1 wk. (Specify whether years, months or days)

In this community: 50 years

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")

(d) Street No.: 2024 N. Main. 6
(If rural, give location)

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

If yes, name country:

3. (a) PRINT FULL NAME: Eugene Earl Mann.

3. (b) If veteran, name war: none

3. (c) Social Security No.: 488-16-7545

4. Sex: M. 0

5. Color or race: White

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

6. (b) Name ~~of husband or~~ wife: Maude.

6. (c) Age of husband or wife if alive: 68 years

7. Birth date of deceased: Feb (Month) 15 (Day) 1880 (Year)

8. AGE: Years 68 | Months 4 | Days – | If less than one day: hr. ___ min.

9. Birthplace: Lansing (City, town, or county) Mich. (State or foreign country)

10. Usual occupation: Carpenter.

11. Industry or business:

FATHER
12. Name: Alvin Mann (Dec)
13. Birthplace: unknown (City, town, or county) unknown (State or foreign country)

MOTHER
14. Maiden name: Jane Brewer
15. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant: Mrs. Pope (daughter)
(b) Address: 2132 N. Broadway

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: June 17 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Hazelwood

18. (a) Signature of funeral director: O. L. Dunn
(b) Address: Springfield Mo

19. (a) 6-17-48 (Date received local registrar) (b) W. E. Handley M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15th year 1948. hour 1 minute 20 A.M.

21. I hereby certify that I attended the deceased from 6-8-, 1948 to 6-15-, 1948 that I last saw him alive on 6-14-, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hemiplegia	7 da
Due to: Arteriosclerosis & Hypertension	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
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: C. E. Filler (M. D. ~~or other~~) M.D.
Address: Springfield Mo Date signed 6-16-48

(Licensed Embalmer's Statement on Reverse Side)

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 R L McCann

Licensed Embalmer No. 2727

P. O. Address Springfield 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.