S. No. 300
OM—10-47
ev. 5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED NOV 4 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32996
Registrar's No. 3918

Registration District No. 149
Primary Registration District No. 1002

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: St. Joseph Hospital 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Weeks (Specify whether
In this community 7 Months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 5
(If outside city or town limits, write "RURAL")
(d) Street No. 6029 Agnes 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mary C. Mann
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Female 1
5. Color or race White
6. (a) Single, widowed, married, divorced Widow 2
6. (b) Name of husband or wife Pinckney T. Mann
6. (c) Age of husband or wife if alive * years
7. Birth date of deceased 10 (Month) 8 (Day) 1853 (Year)

8. AGE: Years	Months	Days	If less than one day
94	~~10~~ 11	18	hr. min.

9. Birthplace Sarcoxie (City, town, or county) Missouri 1 (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Taylor Fullerton
13. Birthplace (City, town, or county) Missouri 1 (State or foreign country)
MOTHER
14. Maiden name Margaret---
15. Birthplace (City, town, or county) Missouri 1 (State or foreign country)
16. (a) Informant Mrs. Harry Woods
(b) Address 6029 Agnes
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9-26-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Sarcoxie, Missouri
18. (a) Signature of funeral director Mrs. C.L. Forster
(b) Address Kansas City, Missouri.
19. (a) 9-26-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 26th. year 1948 hour 12 minute Noon M.

21. I hereby certify that I attended the deceased from Sept 13, 1948 to Sept 26, 1948 that I last saw her alive on Sept. 26, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death (1) Myocardial Degeneration	1 wk.
Due to arteriosclerosis	
(2) Fracture of Right Femur	13 days
Due to Fall in own home	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 1860	
Of autopsy as above	

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 Partial Cause
(b) Date of occurrence Sept. 13, 1948
(c) Where did injury occur? Kansas City (City or town) Jackson (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? about home (Specify type of place)
While at work? no (e) Means of injury Fall

23. Signature John K. Caldwell (M. D. or other) MD
Address Kansas City, Mo. Date signed 9/26/48

(Licensed Embalmer's Statement on Reverse Side)

Dr. J.K.Caldwell
436 East 65th. Terrace
Hl 7666
Dr. Will call

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 Theron A. Redmon

Licensed Embalmer No. 2737

P. O. Address K.C. 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.