

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

40248

FILED JAN 8 1949 / 49

Registration District No. _____ Primary Registration District No. 1002

Registrar's No. 5201

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
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 days (Specify whether years, months or days)
In this community 11 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Illinois (b) County 999
(c) City or town East St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 740 North 31st St. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Foster W. MANN
(b) If veteran, name war No
(c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec. day 21st
year 1948 hour 8 minute 10 P.M.
21. I hereby certify that I attended the deceased from Dec 11
1948, to Dec 21, 1948
that I last saw him alive on Dec 21, 1948
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced, Married
(b) Name of husband or wife Lottie Mann (c) Age of husband or wife if alive 64 years
7. Birth date of deceased: Sept. 16, 1883
(Month) (Day) (Year)

Immediate cause of death Coronary Thrombosis
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations 94a
Of autopsy _____

8. AGE: Years 65 Months 3 Days 5 If less than one day _____ hr. _____ min.
9. Birthplace Crittenden Ky.
(City, town, or county) (State or foreign country)
10. Usual occupation Mill Machinery Salesman

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business Self
12. Name Eugene L. Mann
13. Birthplace Crittenden Ky.
(City, town, or county) (State or foreign country)
14. Maiden name Cornelia Rouse
15. Birthplace Unknown Ky.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lottie Mann
(b) Address East St. Louis, Ill.
17. (a) Removal (b) Date thereof 12-22-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation East St. Louis, Ill.
18. (a) Signature of funeral director Melody McGilley Elyar
(b) Address Kansas City, Mo.
19. (a) 12-22-48 (b) Maldine Holman
(Date received local registrar) (Registrar's signature)

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 1)
23. Signature J. A. Nigro MD (M. D. or other)
Address Ady Rd. Kelly Rem. Date signed 12-22-48

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

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 Glen E. Heck
Licensed Embalmer No. 4063
P.O. Address Kansas City, 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.