

FILED JAN 29 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1335

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 71

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>Kansas City</b> )		c. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>	
c. LENGTH OF STAY (in this place) <b>25 yrs.</b>		d. STREET ADDRESS (If rural, give location) <b>6139 Indiana</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>6139 Indiana</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Olga</b> b. (Middle) <b>Marmon</b> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <b>January 6, 1949</b>			
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>December 3, 1895</b>	9. AGE (In years last birthday) <b>53</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>at home</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>at home</b>		11. BIRTHPLACE (State or foreign country) <b>Kansas</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>

13a. FATHER'S NAME <b>Elmer E. Mann</b>		13b. MOTHER'S MAIDEN NAME <b>Elnora Lenell</b>		14. NAME OF HUSBAND OR WIFE <b>Callie Marmon</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Callie Marmon 6139 Indiana</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH		
I. DISEASE OR CONDITION - DIRECTLY LEADING TO DEATH* (a) <b>Paroxysmal auricular fibrillation</b>			DUPLICATE			<b>12 hrs.</b>		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			ANTECEDENT CAUSES			DUPLICATE		
			DUE TO (b) <b>mitral stenosis</b>			<b>? yrs.</b>		
			DUE TO (c)					
			II. OTHER SIGNIFICANT CONDITIONS					
			Conditions contributing to the death but not related to the disease or condition causing death. <b>none</b>			<b>410</b>		

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>0</b>			

22. I hereby certify that I attended the deceased from August 16<sup>th</sup> 1948, to Jan. 6, 1949, that I last saw the deceased alive on 1-5, 1949, and that death occurred at 1 A. m., from the causes and on the date stated above.

23a. SIGNATURE <b>Loyle C. Whitman</b> (Degree of title)			23b. ADDRESS <b>1003 Sharp Bldg.</b>			23c. DATE SIGNED <b>1-7-49</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>1-8-49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Olivet, Kans.</b>		24d. LOCATION (City, town, or county) (State) <b>Olivet Kans.</b>		

DATE RECD BY LOCAL REG. <b>1-7-49</b>		REGISTRAR'S SIGNATURE <b>Geraldine Holmes</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>F. S. Walton Kansas City, Mo.</b>			
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WRITE PLAINLY—USING 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.....

..... Student Embalmer No. ....

working under my personal supervision.

Signed.....

Signed.....  
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

**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.

WRITE PLAINLY—USE UNIT

10. Usual occupation at Home (City, town, or county) (State or foreign country)

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Elmer E. Mann

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

{ 14. Maiden name Elvira Lenell

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

16. (a) Informant Lillie Mannon

(b) Address 6139 Indiana

17. (a) removal (b) Date thereof 1-8-49  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elvira Kansas

18. (a) Signature of funeral director F. S. Walton

(b) Address Kansas City, Mo

19. (a) 1-7-49 (b) Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy new record

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Doyle C. Whitman (M. D. or other)

Address 1003 Day Bldg K.C. Date signed 1-7-49

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

(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

*J. S. Walters*

Licensed Embalmer No.

*2744*

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.

*1335 (1947)*