

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **35092**  
**4572**

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

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission)	
a. COUNTY <b>Jackson</b>	b. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>	a. STATE <b>Missouri</b>	b. COUNTY <b>Jackson</b>
c. LENGTH OF STAY (In this place) <b>20yrs.</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Wheatley Provident Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>1612 Park</b>	

<b>3. NAME OF DECEASED</b> (Type or Print)	a. (First) <b>MARCELLIUS</b>	b. (Middle)	c. (Last) <b>MANN</b>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>Oct. 16, 1952</b>
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<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>Negro</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Widowed</b>	<b>8. DATE OF BIRTH</b> <b>Dec. 15, 1896</b>	<b>9. AGE</b> (In years last birthday) <b>55</b>	<b>IF UNDER 1 YEAR</b> Months	<b>IF UNDER 1 HR.</b> Days	<b>IF UNDER 1 MIN.</b> Hours	<b>MIN.</b>
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Track Laborer - 1st. Class - K.C. Pub. Serv. Co.</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Chariton Co., Mo.</b>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A.</b>
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<b>13a. FATHER'S NAME</b> <b>Henry Mann</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Katie Moore</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>Susie Mann</b>
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<b>15. WAS DECEASED EVER IN U. S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	<b>16. SOCIAL SECURITY NO.</b> <b>495-03-8440</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Jasper Mann - 911 Park Ave.</b>	<b>ADDRESS</b>
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Central. Regurgitation</u>		<u>2 days</u>
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>DUE TO (b)</b> <u>Lobar Pneumonia</u>		<u>6 days</u>
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			<u>490x</u>

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
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**22. I hereby certify that I attended the deceased from Oct 11, 1952, to Oct. 16, 1952, that I last saw the deceased alive on Oct. 16, 1952, and that death occurred at 11:30 P. m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <u>M. C. Lewis MD</u> (Degree or title)	<b>23b. ADDRESS</b> <u>210 Lincoln Bldg</u>	<b>23c. DATE SIGNED</b> <u>10/20/52</u>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b>	<b>24b. DATE</b> <b>10/20/52</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Lincoln Cem</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>Kansas City, Mo.</b>
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<b>DATE REC'D BY LOCAL REG.</b> <b>10-20-52</b>	<b>REGISTRAR'S SIGNATURE</b> <u>Seraldine Smith</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>E. Sterling Bills</u>	<b>ADDRESS</b> <u>212 Vine</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

0.300  
0.48

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STATEMENT BY LICENSED EMBALMER

NOV 1 0 1957

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.

Student .....  
Student Embalmer

Signed

*E. Steubing Bill*

Licensed Embalmer No. 3178

P. O. Address 1212 Vins St., Kansas Cit

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.