

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

State File No. **1381**
Registrar's No. **184**

FILED FEB 4 1957

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Prairie Twp. (Rural)	
c. LENGTH OF STAY (In this place) 8 Days		d. STREET ADDRESS (If rural, give location) 3 Miles East Lee's Summit	
d. FULL NAME OF HOSPITAL OR INSTITUTION Trinity Luthern Hosp.			

3. NAME OF DECEASED (Type or Print) Marietta ----- Mann			4. DATE OF DEATH (Month) (Day) (Year) 1-13-1957		
a. (First)	b. (Middle)		c. (Last)		
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 20 1890	9. AGE (In years last birthday) 66	10. UNDER 1 YEAR (Specify) Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and State or Foreign Country) Horton Kansas	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Joseph Courtway		13b. MOTHER'S MAIDEN NAME Mary Hinton		14. NAME OF HUSBAND OR WIFE George A. Mann	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS George A. Mann Lee's Summit Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia		DUE TO (b) Uremia			3 day
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) Chronic glomerular nephritis			3 mo
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Pneumonia heart disease			10 yr
		sharpened calculus 592x			20 yr

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" 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?	

22. I hereby certify that I attended the deceased from May 9, 1954, to Jan 13, 1957, that I last saw the deceased alive on Jan 13, 1957, and that death occurred at 5:50 p.m., from the causes and on the date stated above.

23a. SIGNATURE Robert H. Hodge (Degree or title) d		23b. ADDRESS 724 N. North Kansas St. Mo.		23c. DATE SIGNED 1-14-57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1/15, 1957		24c. NAME OF CEMETERY OR CREMATORY Mt. Washington	
		24d. LOCATION (City, town, or county) (State) Kansas City Mo.			

DATE REC'D BY LOCAL REG. 1-14-57		REGISTRAR'S SIGNATURE Alva Marshall		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Langsford Funeral Home Lee's Summit Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

300
48

STATEMENT BY LICENSED EMBALMER

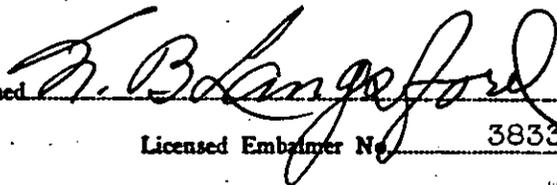
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed



Licensed Embalmer No. 3833

P. O. Address Lee's Summit Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.