

No. 2
-1-4-41
-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **38438**

DEC 10 1941
Registration District No. **391**

Primary Registration District No. **4230**

Registrar's No. **69**

1. PLACE OF DEATH:

(a) County **IRON**
(b) City or town **FRONTON**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **St. Marys Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **5 days**
(Specify whether years, months or days)
In this community **5 days**

3. (a) PRINT FULL NAME **LEE MANN**

3. (b) If veteran, name war **L**
3. (c) Social Security No. **L**

4. Sex **MALE** 5. Color or race **WHITE**
6. (a) Single, widowed, married, divorced **MARRIED**

6. (b) Name of husband or wife **Jennie Mann**
6. (c) Age of husband or wife if alive **59** years

7. Birth date of deceased **Sept 9 1879**
(Month) (Day) (Year)

8. AGE: Years **62** Months **2** Days **8**
If less than one day hr. min.

9. Birthplace **Reynolds Co Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business

12. Name **Daniel Mann**

13. Birthplace **Reynolds Co Mo**
(City, town, or county) (State or foreign country)

14. Maiden name **Files**
15. Birthplace **Reynolds Co Mo**
(City, town, or county) (State or foreign country)

16. (a) Informant **Jennie Mann**

(b) Address **Reynolds Co Mo**

17. (a) **Burial** (b) Date thereof **Nov 19 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mann Cem**

18. (a) Signature of funeral director **Wm. G. Gula**

(b) Address **Fronton Mo**

19. (a) **Nov 19 41** (b) **Julia A. Heston**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **YVAYNE**
(c) City or town **PIEDMONT RURAL**
(If outside city or town limits, write "RURAL")
(d) Street No. **0**
(If rural, give location)
(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **19**
year **1941** hour **4:30** minute **A** M.

21. I hereby certify that I attended the deceased from **Nov 17 1941**
to **Nov 17 1941**
that I last saw him alive on **Nov 17 1941**
and that death occurred on the date and hour stated above.

Immediate cause of death: **acute Broncho-Pneumonia**
Concussion of Brain (and exposure)
Due to **Concussion of Brain (and exposure)**
Due to **Concussion of Brain (and exposure)**

Other conditions: **Semiliter**
Chronic Myocarditis
(include pregnancy within 3 months of death)

Major findings: **Chronic Myocarditis**
Of operations: **no**
Of autopsy: **no**

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **accident**
(b) Date of occurrence **11/19/41**
(c) Where did injury occur? **Piedmont Wayne, Mo**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Farm

While at work? **yes** (Specify type of place) **Fall on head**
(e) Means of injury **of mule**
23. Signature **R. E. Harland** (M. D. or other) **m. d.**
Address **Fronton** Date signed **11/19/41**

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

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 *me*

....., Registered Apprentice No.
working under my personal supervision.

Signed

Norman W. Gish

Licensed Embalmer No.

3387

P. O. Address

Piedmont N

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.