

FILED JAN 9 1945
Registration District No. 1274

Primary Registration District No. 4735

Registrar's No. 4

1. PLACE OF DEATH:

(a) County Iron
(b) City or town Annapolis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Iron 47
(c) City or town Annapolis 0
(If outside city or town limits, write "RURAL") 1
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____ U

3. (a) PRINT FULL NAME Zimrie Sylvester Mann

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex male 5. Color or face white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Mary Mann 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 2 1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 9 28
hr. min.

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

10. Usual occupation farmer

11. Industry or business _____

12. Name Zimrie Mann
13. Birthplace Reynolds Co. Mo. U
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown U
(City, town, or county) (State or foreign country)

16. (a) Informant Raymond Mann

(b) Address Annapolis Mo.

17. (a) burial (b) Date thereof 12-31-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Annapolis Mo.

18. (a) Signature of funeral director Norman White & Sons

(b) Address 917 White Ironton Mo.

19. (a) Jan 4, 1945 (b) Mrs. F. E. Howard
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 30
year 1944 hour 6 minute 00 A. M.

21. I hereby certify that I attended the deceased from Nov. 18~~th~~
44 to Dec. 30~~th~~ 44
that I last saw him alive on Dec. 29~~th~~ 44
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Regeneration and
insufficiency
Due to Hypertrophied Heart
Due to _____
Other conditions Hypertension.
(Include pregnancy within 6 months of death)

Duration
??
??
7.

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN
Underline the cause to which death should be charged statistically.

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 P. E. Farland (M. D. or other) m. 20
Address Ironton Mo. Date signed 1/2/45

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

MOTHER FATHER

1361

RECEIVED

District Health Officer No. 4
District File Number 145-32
Date Filed 1-8-45

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.....

Was not embalmed....., Registered Apprentice No.....
working under my personal supervision.

Signed Russell White.....

Licensed Embalmer No. 3012.....

P. O. Address San Antonio, Tex......

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.