

No. 2
3
39
37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 9 1945
Registration District No. 144

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13577
Registrar's No. 1

Primary Registration District No. 4235

1700
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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: HOME
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County IRON
(c) City or town ANNAPOLIS
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ROBERT MANN
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____
4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife ETHEL LEE MANN 6. (c) Age of husband or wife if alive 45 years
7. Birth date of deceased JANUARY 10 1895
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 1st year 1945 hour 10 minute 25 P. M.
21. I hereby certify that I attended the deceased from about Jan 1943 to April 1, 1945 that I last saw him alive on March 26th 1945 and that death occurred on the date and hour stated above.
Immediate cause of death arterial regurgitation
Duration _____

8. AGE: Years 50 Months 2 Days 21 If less than one day _____ hr. _____ min.
9. Birthplace REYNOLDS COUNTY MISSOURI
(City, town, or county) (State or foreign country)
10. Usual occupation BLACKSMITH

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) None
Major findings: Of operations _____
Of autopsy _____

MOTHER FATHER {
11. Industry or business _____
12. Name SOSIAN MANN
13. Birthplace REYNOLDS COUNTY MISSOURI
(City, town, or county) (State or foreign country)
14. Maiden name MIDDIE SONNSEN
15. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)
16. (a) Informant MRS. ETHEL LEE MANN
(b) Address ANNAPOLIS MISSOURI
17. (a) BURIAL (b) Date thereof 4/3/45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation ANNAPOLIS CEMETERY
18. (a) Signature of funeral director John P. Lumbel
(b) Address Deaton Missouri
19. (a) April 4 1945 (b) Yma C. Howard
(Date received local registrar) (Registrar's signature)

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? _____
(Specify type of place) _____
While at work? _____ (e) Means of injury _____
23. Signature: C. W. Hutchins (M. D. or other) M.D.
Address Lesterhills Date signed 4/2/45

1365

(Licensed Embalmer's Statement on Reverse Side)

AUG 20 1945

RECEIVED

District Health Officer No. 4

District File Number 545-549

Date Filed 5-7-45

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
4/1/45, Registered Apprentice No. _____
working under my personal supervision.

Signed

Lee P. Leichel

Licensed Embalmer No. 3475

P. O. Address Greentown, 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.