

FILED APR 10 1943

Registration District No. 209

Primary Registration District No. 3043

1. PLACE OF DEATH:

(a) County Marion
(b) City or town Hannibal
(c) Name of hospital or institution: St Elizabeth's Hospital
(d) Length of stay: In hospital or institution 2
In this community 2 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Marion
(c) City or town Hannibal
(d) Street No. R # 3
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Jerry Lee H. Mandinger

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife — 6. (c) Age of husband or wife if alive 15 years (Day) (Year)

7. Birth date of deceased: Jan 15 1898
8. AGE: Years 45 Months 1 Days 1 If less than one day hr. min.

9. Birthplace: Hannibal MO
(City, town, or county) (State or foreign country)

10. Usual occupation —

11. Industry or business —

MOTHER FATHER { 12. Name Vernard H. Mandinger
13. Birthplace — (City, town, or county) (State or foreign country)
14. Maiden name Helen Bryant
15. Birthplace — (City, town, or county) (State or foreign country)

16. (a) Informant Vernard H. Mandinger
(b) Address Hannibal, R # 3

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 18 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Saverton, MO

18. (a) Signature of funeral director James O'Connell
(b) Address Hannibal, MO

19. (a) 2-3-43 (Date received local registrar) (b) R H Connor (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 16 year 1943 hour 7 minute 20 P.M.

21. I hereby certify that I attended the deceased from Jan 15 1943 to Jan 16 1943
that I last saw him alive on Jan 16 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia - lobar
prolongation - birth wt 12 1/2 lb
Due to premature loss of amniotic fluids

Other conditions 159
(Include pregnancy within 3 months of death)

Major findings: Of operations —
Of autopsy —

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? —

23. Signature J. E. Gutzman (M. D. or other) —
Address 115 N 25 Hannibal MO Date signed 1/21/43

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

4
3
4

X26399

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.....

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

Signed Michael J. O'Connell

Licensed Embalmer No. 3246

P. O. Address Sanibel 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.