

REC'D JUN 9 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

17474

1. PLACE OF DEATH *Mercy Hospital*

(a) County *Jackson* Registration District No. *399*

(b) Township *Kan* Primary Registration District No. *707*

(c) City *Kansas City* (d) Street No. *Mercy Hosp* Registered No. *2171*

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME *Leroy Mansell 524*

(a) Residence, No. *Grain Valley, Mo.* St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 4. COLOR OR RACE *white* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Single*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Aug 28 - 1927*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. *10 8 29*

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *None*

9. Industry or business in which work was done, as saw mill, bank, etc. *None*

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation *6*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mo*

FATHER 13. NAME *Delbert Mansell*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mo.*

MOTHER 15. MAIDEN NAME *Jessie Sharp*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Kan*

17. INFORMANT (ADDRESS) *Delbert Mansell
Buckner, Mo.*18. BURIAL, CREMATION, OR REMOVAL PLACE *Oak Grove, Mo.* DATE *5-28-38*19. FUNERAL DIRECTOR (ADDRESS) *G. D. Vest
Oak Grove, Mo.*20. FILED *May 29, 1938* *M. M. Brown* Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *5-26*, 19*38*22. I HEREBY CERTIFY, That I attended deceased from *5-24*, 1938, to *5-26*, 1938I last saw him alive on *5-26*, 1938. Death is said to have occurred on the date stated above, at *2:39 P.* m.

The principal cause of death and related causes of importance were as follows:

*Submersion & Bc
Jung Abuse*

Date of onset

Other contributory causes of importance *Malnutrition 23*Name of operation Date of operation
What test confirmed diagnosis? Was there an autopsy? *Y*23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.Manner of injury
Nature of injury24. Was disease or injury in any way related to occupation of deceased?
If so, specify.(Signed) *N. B. Soderberg* M.D.
(Address) *St. Luke Hospital*

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....
..... L. E.
No.....or by....., Registered Apprentice No.....
working under my personal supervision.
Signed.....

Licensed Embalmer No.....

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.)