

REC'D FEB 28 1939

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

4071
Do not use this space.

1. PLACE OF DEATH
(a) County Shelby Registration District No. 828
(b) Township Jackson Primary Registration District No. 2nd
(c) City _____ (d) Street No. _____ Registered No. _____
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? 71 yrs. 3 mos. 3 ds.
(If death occurred in Hospital or Institution, write its name instead of street and number) St. _____

2. PRINT FULL NAME William N. Mansford
(a) Residence, No. _____ St. _____ (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR WIFE OF) Mary Elizabeth Mansford
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct-18-1867
7. AGE YEARS 71 MONTHS 3 DAYS 5 IF LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as saw mill, bank, etc. Retired farmer
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

FATHER 13. NAME Joseph Mansford
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

MOTHER 15. MAIDEN NAME Elizabeth Neupfauer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT (ADDRESS) Mary Elizabeth Mansford
Shelby Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE God's Acre Shelby Mo DATE 11 25 38

19. FUNERAL DIRECTOR (ADDRESS) George G. Givan
Shelby Mo

20. FILED Jan 25 1939 Mrs. Lyell Landrum
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-23-39 1939
22. I HEREBY CERTIFY, That I attended deceased from 3-10-36 1936 to 1-17-39 1939
I last saw him alive on 1-17-39 1939 Death is said to have occurred on the date stated above, at 4:45 a.m.

The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis 1937

Other contributor causes of importance:
Hypertension 1925

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____ 1939
Where 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 injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) G. M. Wood M. D.

(Address) Shelby Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 10

District File Number 10-39-229

Date Filed FEB 8 1939

STATEMENT BY LICENSED EMBALMER

I, George Givan, Licensed Embalmer No. 1754

hereby certify that the body recorded on the reverse side of this certificate was embalmed by M.E.

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed George Givan

Licensed Embalmer No. 1754

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.)