

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

18646  
Do not use this space.

REC'D JUN 8 1939

1. PLACE OF DEATH

(a) County..... GREENE ..... Registration District No. .... 318

(b) Township..... SPRINGFIELD ..... Primary Registration District No. .... 2001 ..... Registered No. .... 417

(c) City..... SPRINGFIELD ..... (d) Street No. .... 624 E Monroe ..... St. ....

(If death occurred in Hospital or Institution, write its name instead of street and number)

(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 524 Sarah Mansell

(a) Residence, No. 624 E Monroe 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 Female

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 15, 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

76 11 4

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as saw mill, bank, etc. In Home

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) Osterville Canada

13. NAME John Urwin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canada

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Watson Mansell (ADDRESS) Springfield, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Olive DATE May 20, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Alma Lehner Springfield, Mo

20. FILED 6-20-1939 Chas A. George MD (Address) Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 19, 1939

22. I HEREBY CERTIFY, That I attended deceased from

I last saw her dead 5-19-39, 19....., to....., 19..... Death is said to have occurred at home at 8:15 A.M.

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

Coronary Thrombosis  
dropped dead at home

Date of onset

Other contributory causes of importance: Hypertension 94 lb

Name of operation..... Date of.....

What test confirmed diagnosis? Chin 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....., 19.....

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?.....

If so, specify..... (Signed) J.P. Ferguson M. D. (Address) Springfield, 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.

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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, above space should be left blank.**

X