

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

NOV 14 1939
NOV 1 1939

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

34921
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township Kan Primary Registration District No. 1002
(c) City Kan city mo or (d) Street No. Gen. Hop. #2 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.

Registered No. 3896

2. PRINT FULL NAME BUSIE MANSFIELD

(a) Residence, No. 407 1/2 E 19th 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 Col 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) unknown

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
48

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. teacher
9. Industry or business in which work was done, as saw mill, bank, etc. na
10. Date deceased last worked at this occupation (month and year) na 11. Total time (years) spent in this occupation

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

FATHER
13. NAME Thomas Mansfield

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark Missouri

MOTHER
15. MAIDEN NAME unknown

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

17. INFORMANT (ADDRESS) Oscar Sturough City

18. BURIAL, CREMATION, OR REMOVAL PLACE Blue Ridge 10-9-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Idell Jean Hane 1439 E 12th St

20. FILED 10/9, 19 39 M. M. Brown Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-10-39, 19

22. I HEREBY CERTIFY That I attended deceased from

19 10 to 10, 19 39.
I last saw Deputy Death is said to have occurred on the date stated above, at 9:30 PM.
The principal cause of death and related causes of importance were as follows:

Crushing Injury of Chest
Laceration of Lung
Hemorrhage 1860s
Other contributory causes of importance:

Name of operation Deputy Date of 10-5-39
What test confirmed diagnosis Deputy Was there an autopsy Yes

23. If death was due to external cause (violence), fill in also the following: Accident, suicide, or homicide Date of injury 10-5-39

Where did injury occur? Home (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Intentional Slay
Nature of injury Crushing Injury of Chest

24. Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) Russell W. Brown, M. D.

(Address) 1234

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

L. J. Harris Sr.

Licensed Embalmer No. *3388*

P. O. Address *K.C. 240,*

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.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH

34921

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson

Registration District No. 399

(b) Township

Primary Registration District No. 1002

Registered No. 3896

(c) City Kansas City

(d) Street No. _____ 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

Buster Mansfield

(a) Residence, No. _____ 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

m

4. COLOR OR RACE

col

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)

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

48

OCCUPATION

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.

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)

unknown

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED

10/9 1939 M. M. Brown

Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-6-1939

22. I HEREBY CERTIFY, That I attended deceased from 18..... to....., 19.....

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at.....m.

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

Date of onset

Other contributory causes of importance:

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

What test confirmed diagnosis?..... Was there an autopsy?.....

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) Russell W. Keel, M. D.

(Address) 12 C. Ma

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SUPPLEMENTARY

