

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Band

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 39516

DEC 1 1939

DEC 15 1939

Registration District No. 28

Primary Registration District No. 5405

Registrar's No. 51

1. PLACE OF DEATH:

(a) County Dunklin County, Mo 2
(b) City or town Clayton, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME Rose Lu Mansel

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

4. Sex W 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband W. Mansel 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 20 1917
(Month) (Day) (Year)

8. AGE: Years _____ Months 20 Days 3 If less than one day _____ hr. _____ min.

9. Birthplace Dunklin County, Mo
(City, town, or county) (State or foreign country)

10. Usual occupation House Work

11. Industry or business _____

MOTHER FATHER { 12. Name T. M. Nickelson

13. Birthplace Mo
(City, town, or county) (State or foreign country)

14. Maiden name Lulu Kagnese

15. Birthplace Dunklin County, Mo
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature W. Mansel

(b) Address Hammersville, Mo R-1

17. (a) _____ (b) Date thereof Nov 19, 1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lulu Cemetery

18. (a) Signature of funeral director McDaniel Funeral Home

(b) Address Smith, Mo

19. (a) Nov 20, 1939 (b) E. S. Case
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 18
year 1939 hour 5 minute 20 P. M.

21. I hereby certify that I attended the deceased from Nov 10, 1939 to Nov 18, 1939
that I last saw her alive on Nov 18, 1939
and that death occurred on the date and hour stated above.

Immediate cause of death Typhoid fever Duration 3 1/2 days

Due to _____
Due to _____

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

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

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 of San H. Bonds (Specify type of place) _____ (M. D. or other) _____

Address Hammersville, Mo Date signed Nov 20 1939

RECEIVED

District Health Officer No. 3

District File Number 1239-61

Date Filed 12/4/39

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.