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MADE FEB 25 1941

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 604

Primary Registration District No. 5802

Registrar's No. _____

1. PLACE OF DEATH:

(a) County NEW MADRID
(b) City or town RURAL
(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 2 month
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid
(c) City or town 10 miles SW of East Prairie
(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 RICHARD HOWARD MANSFIELD

MEDICAL CERTIFICATION

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

20. DATE OF DEATH: Month Jan day 6 year 1941 hour 6 minute _____ M. _____

4. Sex mal 5. Color or race w. 6. (a) Single, widowed, married, divorced _____

21. I hereby certify that I attended the deceased from Jan 6 1941 to Jan 6 1941 that I last saw him alive on Jan 6 1941 and that death occurred on the date and hour stated above.

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

Immediate cause of death Pneumonia Duration _____

7. Birth date of deceased Oct 1940
(Month) (Day) (Year)

Due to Influenza

8. AGE: Years _____ Months 2 Days 13 If less than one day _____ hr. _____ min.

Due to _____

9. Birthplace New Madrid (City, town, or county) MO (State or foreign country)

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

10. Usual occupation _____

Major findings: _____ Of operations _____

11. Industry or business _____

Of autopsy _____

12. Name Tommy Jefferson Mansfield

Under _____ the cause which death should be charged statistically.

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

14. Maiden name Virginia May Walker

15. Birthplace New Madrid (City, town, or county) MO (State or foreign country)

16. (a) Informant Tommy Jefferson Mansfield

(b) Address East Prairie, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 8, 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Doxward

18. (a) Signature of funeral director _____ (b) Address _____

19. (a) 2/26/41 (Date received local registrar) (b) Wm O. Banner (Registrar's signature)

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? _____

533 (Specify type of place) _____

While at work? _____ (e) Means of injury _____

23. Signature George W. Whitaker (M. D. or other) _____

Address East Prairie Mo Date signed 2/12/41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

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, fact should be so stated above.