

FILLED SEP 26 1941

Registration District No. 73

Primary Registration District No. 3006

Registrar's No. 210

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone
(c) City or town Columbia
(If outside city or town limits, write "RURAL")
(d) Street No. 211 Forest Ave
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Sandra Lou Mansfield

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

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Aug 12 1941
(Month) (Day) (Year)

8. AGE: Years _____ Months 1 Days _____ If less than one day _____ hr. _____ min.

9. Birthplace Boone Co MO
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business Bakery

12. Name Vernay Mansfield

13. Birthplace Boone Co MO
(City, town, or county) (State or foreign country)

14. Maiden name Ruby Helen Rhodes

15. Birthplace Harrison Co MO
(City, town, or county) (State or foreign country)

16. (a) Informant Charles L. Rhodes

(b) Address Columbia MO

17. (a) Burial (b) Date thereof Aug 2 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Strutsville

18. (a) Signature of funeral director R. Overcast

(b) Address Columbia MO

19. (a) 8/2/41 (b) Allie Selby
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 2nd
year 1941 hour 6:10 minute AM
21. I hereby certify that I attended the deceased from Aug 1-4
1941 to Aug 2 1941
that I last saw him alive on Aug 1 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Fracture Duration 1 day
16 hrs

Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____

Major findings: 19
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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature W. D. Dyer (M. D. or other) _____
Address Columbia MO Date signed 8/2/41

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

10
2
4

74

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.....

No Embalming....., Registered Apprentice No.....
working under my personal supervision.

Signed *A. Brewer*.....

Licensed Embalmer No. *3183*.....

P. O. Address *Columbia, Mo.*.....

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.