

Registration District No. 149

Primary Registration District No. 1002

1. PLACE OF DEATH: Jackson

(a) County _____

(b) City or town Kansas City, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1634 Ewing
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 25 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. 1634 Ewing
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Mary F. Mansell

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced, 2 divorced, 2 widows

6. (b) Name of husband or wife John Mansell 6. (c) Age of husband or wife if alive Dec. years

7. Birth date of deceased Nov. 25, 1852
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

90 1 13 _____ hr. _____ min.

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

10. Usual occupation Homemaker

11. Industry or business Self

MOTHER FATHER { 12. Name John Elkins No Record 9

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

{ 14. Maiden name No Record

{ 15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Josephine Gile

(b) Address 1634 Ewing, K.C. Mo.

17. (a) Burial (b) Date thereof Jan. 11-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Washington Cem.

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

(b) Address 5606 Indep. Avel K. C. Mo.

19. (a) 1-11-43 (b) M. M. Clarence
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 8
year 1943 hour 9 minute 55 P M.

21. I hereby certify that I attended the deceased from _____
Crown _____ 19____;
that I last saw him _____ alive on _____ 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic heart disease

Due to _____ 9311

Due to _____

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

PHYSICIAN _____

Major findings: _____
Of operations _____

Of autopsy Inspection of history

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)

(c) Means of injury _____

23. Signature M. M. Clarence (M.D. or other) _____
Address 12-C. Mo Date signed 1/9/43

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

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.....

J. P. Shul

Licensed Embalmer No. *3625*

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.