

MAR 8 1943 79
Registration District No. 379

Primary Registration District No. 4553

Registrar's No. 5

1. PLACE OF DEATH:

(a) County Wright

(b) City or town mansfield
(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 11 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Wright

(c) City or town Mansfield
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country none

3. (a) PRINT FULL NAME anna. Npton

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 22
year 1943 hour 2:45 minute _____ M.

21. I hereby certify that I attended the deceased from Feb 22 1943 to Feb 22 1943
that I last saw her alive on Feb 22 1943
and that death occurred on the date and hour stated above.

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

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

7. Birth date of deceased April 5- 1887
(Month) (Day) (Year)

Immediate cause of death Cerebral apoplexy. Hypertension

Due to _____

Due to _____

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

85-10-14 hr. min.

9. Birthplace unknown mo
(City, town, or county) (State or foreign country)

10. Usual occupation House keeper

11. Industry or business _____

Other conditions Cancer face
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy 53

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER {

12. Name Kenny Sonders;

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

14. Maiden name Rhoda Rice

15. Birthplace unknown Tenn
(City, town, or county) (State or foreign country)

16. (a) Informant adam npton

(b) Address Mansfield mo

17. (a) Burial (b) Date thereof 2-23-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation center point

18. (a) Signature of funeral director me elmer stinner

(b) Address Lawrenceville mo

19. (a) Mar 23 1943 (b) L. H. Hensley
(Date received local registrar) (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? _____

While at work _____ (Specify type of place)

(e) Means of injury _____

23. Signature W. D. ... (M. D. or other) J. D.

Address Mansfield mo Date signed 2/23/43

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:

Lawrence L. Hall

Licensed Embalmer No.

2784

P. O. Address

Waverly, N.C.

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.