V. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 26526

FILED SEP 1 1945

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3469

48
3
8

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
29 East 33rd. Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 60 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 29 East 33rd. Street 8
(If rural, give location) D

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

If yes, name country

3. (a) PRINT FULL NAME Charles Earnest Mansell

3. (b) If veteran, name war no

3. (c) Social Security No. 487-16-6993

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Margaret Mansell

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased May (Month) 14 (Day) 1881 (Year)

8. AGE: Years 64 Months 3 Days 2 If less than one day hr. min.

9. Birthplace Lynn County (City, town, or county) Kansas (State or foreign country)

10. Usual occupation Stationary Operating Engineer

11. Industry or business

FATHER
12. Name John Mansell
13. Birthplace Nashville (City, town, or county) Tennessee (State or foreign country)

MOTHER
14. Maiden name Annie Lusk
15. Birthplace Warsaw (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs. Marguerite Duffin

(b) Address 5441 Highland

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-20-45 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director J. F. O'Donnell Co.

(b) Address 3256 Broadway

19. (a) 8-18-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 16th.
year 1945 hour 8 minute A.M.

21. I hereby certify that I attended the deceased from March, 1945, to Aug, 1945, that I last saw h alive on Aug 10 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Partial — Duration Sudden 1 Years

Due to Arteriosclerosis

Due to

Other conditions (Include pregnancy within 3 months of death) 94a

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Dr. John O. Kinner (M. D. or other)

Address 1402 Bryant Dr. Date signed 8-17-45

(Licensed Embalmer's Statement on Reverse Side)

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 Paik G Rowe

Licensed Embalmer No. 2347

P. O. Address K C 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.