

S. No. 2  
OM-2-43  
v. 5-17-39  
X35697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED DEC 3 1945

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 37601

Registration District No. 156

Primary Registration District No. 2001

Registrar's No.

1. PLACE OF DEATH

(a) County Jasper

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

(c) Name of hospital or institution: 1809 Grand ave  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

(d) Street No. 820 N. Moffet  
(If rural, give location)

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

3. (a) PRINT FULL NAME Mary Ellen Mansfield

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

4. Sex Female 5. Color or race White 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 29 1870  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 12 year 1945 hour 2 15 minute A.M.

21. I hereby certify that I attended the deceased from Nov 7 1945 to Nov 11 1945 and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day	
<u>75</u>	<u>2</u>	<u>15</u>	hr.	min.

Immediate cause of death Lobar Pneumonia Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

9. Birthplace Alton Ill  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_ Of autopsy \_\_\_\_\_

MOTHER FATHER

11. Industry or business \_\_\_\_\_

12. Name Michael Duffy

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

14. Maiden name DK

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

PHYSICIAN

Underline the cause to which death should be charged statistically.

100

16. (a) Informant Mrs Kathleen Marsh  
(b) Address 820 N Moffet, Joplin, Mo

17. (a) Removal (b) Date thereof 11 15/45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation San Antonio, Texas

18. (a) Signature Walter Hill-Dillon  
(b) Address Joplin, Mo

19. (a) 11-13-45 (b) W. J. Denny  
(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) \_\_\_\_\_ 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 E. G. Coats (M. D. number) U  
Address Joplin Mo Date signed 11-13-45

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

45-11-897

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**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..... *Cecilia Harshel* .....

Licensed Embalmer No. *3590* .....

P. O. Address..... *Joplin 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.**