

FILED JUN 6 1946

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 50

Primary Registration District No. 5179

Registrar's No. 28

1. PLACE OF DEATH

(a) County Candeur

(b) City or town Fair Creek and Osage

(c) Name of hospital or institution Star Route 1
(If not in hospital or institution, write street number or location)

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

In this community 65 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri

(b) County Candeur

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

(d) Street No. Star Route
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME David Mansfield

3. (b) If veteran, name war no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month May day 19
year 1946 hour 11 minute 45 P.M.

21. I hereby certify that I attended the deceased from May 18 1946 to May 19 1946
and that death occurred on the date and hour stated above.

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife none

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

7. Birth date of deceased April 18 - 1866
(Month) (Day) (Year)

Immediate cause of death acute Peritonitis

Due to chronic gastric ulcer perforation

Due to _____

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

Duration 2 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

8. AGE:

Years	Months	Days	If less than one day
<u>80</u>	<u>1</u>	<u>1</u>	hr. _____ min. _____

9. Birthplace Bucelwood England
(City, town, or county) (State or foreign country)

10. Usual occupation labor

11. Industry or business farmer

12. Name Wm Mansfield

13. Birthplace Farmers Hill, England
(City, town, or county) (State or foreign country)

14. Marital status single

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

16. (a) Informant Mrs L B Mc Dowell

(b) Address Fair Creek, MO Star R

17. (a) Burial (b) Date thereof May 21 - 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Conway

18. (a) Signature of funeral director Bankston Woolery

(b) Address Candeur, MO

19. (a) May 22 - 1946 (b) Zilpha J. Inaur
(Date received local registrar) (Registrar's signature)

Major findings: 129

Of operations _____

Of autopsy _____

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? _____

23. Signature L. Dale Atterberry (Specify type of place) _____
While at work? _____ (Specify type of place) _____
Means of injury 2

Address Candeur, MO Date signed 5-22-46

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

14001

Office No. 71
5-46-234
Date Filed 6-5-46

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 Abie Bankson Woolery
Licensed Embalmer No. 2488
P. O. Address Candenton, N.J.

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.