

S. No. 2  
M-5-43  
v. 5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **30705**  
Registrar's No. \_\_\_\_\_

**FILED** SEP 27 1946  
Registration District No. **126**

Primary Registration District No. **2001**

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

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:  
**2610 Joplin St;**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community **78 years**  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Jasper** **49**  
(c) City or town **Joplin** **2**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **2610 Joplin St;** **5**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No) **0**  
If yes, name country \_\_\_\_\_ **No**

3. (a) PRINT FULL NAME **Lewis A. Mansfield**  
3. (b) If veteran, name war **No**  
3. (c) Social Security No. **No**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Sept.**, day **5**, 19**46**  
year \_\_\_\_\_, hour **9-30**, A.M. minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from **Jan 21**, 19**46**, to **Sept. 5**, 19**46**  
that I last saw him **Aug 28** alive on \_\_\_\_\_, 19**46**  
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 **married**  
6. (b) Name of husband or wife **Ada Mansfield**  
6. (c) Age of husband or wife if alive **65** years  
7. Birth date of deceased **June 15, 1868**  
(Month) (Day) (Year)

Immediate cause of death **Ch. myo carditis**  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death)  
**Ch. int. Nephritis**  
Major findings: Of operations \_\_\_\_\_  
Of autopsy **131B**

8. AGE: Years Months Days If less than one day  
**78** **2** **21** hr. \_\_\_\_\_ min.

9. Birthplace **Jasper County Missouri** (City, town, or county) (State or foreign country)  
10. Usual occupation **retired Grocer**

11. Industry or business \_\_\_\_\_  
12. Name **Thomas B. Mansfield**  
13. Birthplace **Ohio** (City, town, or county) (State or foreign country)  
14. Maiden name **Nancy Jane Rucker**  
15. Birthplace **Tenn;** (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Ada Mansfield**  
(b) Address **Joplin Mo, 2610 Joplin St;**  
17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Sept. 9, 46** (Month) (Day) (Year)

(c) Place: burial or cremation **Forest Park Cem.**  
18. (a) Signature of funeral director **Hurlbut Und. Co;**  
(b) Address **Joplin Mo.**  
19. (a) **9-10-46** (Date received local registrar) (b) **[Signature]** (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?  
23. Signature **J.A. Chouverts** (M. D. or Gen.) **0**  
Address **Joplin Mo.** Date signed **9/5/46**

Duration **years**  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

MOTHER FATHER

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(Licensed Embalmer's Statement on Reverse Side)

46-8-798

**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

*Terry K. Hurlbert*

Licensed Embalmer No. *959*

P. O. Address *Dylan, 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.