

National Office of Vital Statistics  
FILED JAN 5 1948  
Registration District No. 42

Primary Registration District No. 1000

State File No. \_\_\_\_\_  
Registrar's No. 1525

1. PLACE OF DEATH:  
(a) County Buchanan  
(b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Missouri Methodist Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 week (Specify whether years, months or days) In this community 1 week (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Livingston 59  
(c) City or town Chillicothe (If outside city or town limits, write "RURAL") 2  
(d) Street No. Hotel Strand (If rural, give location) 1  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Charles M. Mansur  
3. (b) If veteran, name war Unknown  
3. (c) Social Security No. Unknown

4. Sex Male 0  
5. Color or race White  
6. (a) Single, widowed, married, divorced Single 0  
6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased December 21 1873 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	74	0	3	_____ hr. _____ min.

9. Birthplace St. Louis Missouri (City, town, or county) (State or foreign country)  
10. Usual occupation Retired

11. Industry or business Banking  
12. Name William Henry Mansur  
13. Birthplace Unknown Unknown 9 (City, town, or county) (State or foreign country)  
14. Maiden name Elizabeth Hughes  
15. Birthplace Ray County Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Hugh Mansur  
(b) Address Kansas City, Missouri.  
17. (a) Removal (b) Date thereon Dec. 25, 1947 (Month) (Day) (Year)

Edgewood Cemetery Chillicothe, Mo.  
18. (a) Signature of funeral director Walter Meierhoffer  
(b) Address 1946 Colhoun St., St. Joseph, Mo.  
19. (a) 12-30-47 (b) E. E. Jenkins (Date received local registrar) (Registrar's signature) 372

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month December day 24th year 1947 hour 3 minute 00 P. M.  
21. I hereby certify that I attended the deceased from 12-18 to 12-24-1947 that I last saw him alive on 12-24-1947 and that death occurred on the date and hour stated above. Duration

Immediate cause of death: Sublethal pulmonary fracture of leg + general anesthesia  
Due to: \_\_\_\_\_  
Due to: \_\_\_\_\_  
Other conditions: \_\_\_\_\_ (Include pregnancy within 3 months of death)  
Major findings: Compound fract. of femur - rt leg.  
Of operation: \_\_\_\_\_  
Of autopsy: \_\_\_\_\_  
PHYSICIAN: \_\_\_\_\_  
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) Accident - 59  
(b) Date of occurrence 12-14-47  
(c) Where did injury occur? Chillicothe - Mo. (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? On street - hit by car. (Specify type of place) While at work? No (e) Means of injury auto  
23. Signature Paul Ferguson (M. D. or other) 0  
Address St. Joseph, Mo. Date signed 12-26-47

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

MOTHER FATHER

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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.....

*Albert C. Harrington*

Licensed Embalmer No..... 3258 Missouri

P. O. Address..... St. Joseph, 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.