

FILED MAY 12 1948
Registration District No. **64**

Primary Registration District No. **4110**

Registrar's No. **32**

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

1. PLACE OF DEATH:

(a) County **Charlotte**

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

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Charlotte**

(c) City or town **Salisbury**
(If outside city or town limits, write "RURAL")

(d) Street No. **1**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME **Robert Joseph Mansfield**

3. (b) If veteran, name war **✓**

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **6** year **1948** hour **8** minute **45 a** M.

21. I hereby certify that I attended the deceased from **May 5** 19**48** to **May 6** 19**48**
and I last saw him alive on **May 6** 19**48**
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 **widowed**

6. (b) Name of husband or wife **Vallie Colson Mansfield**

6. (c) Age of husband or wife if alive **deceased** years **8** (Month) **8** (Day) **1861** (Year)

Immediate cause of death **Chronic arteriosclerosis myocardialis**

Due to **coronary sclerosis**

Due to

Other conditions **Benign prostatic obstruction 8 yrs.**

8. AGE: Years **86** Months **6** Days **28** If less than one day hr. min.

9. Birthplace **Manchester Mo** (City, town, or county) **Mo** (State or foreign country)

10. Usual occupation **Employ of filling station**

11. Industry or business **Filling Station**

12. Name **Wm Thomas Mansfield**

13. Birthplace **Howard Co Mo** (City, town, or county) **Mo** (State or foreign country)

14. Maiden name **Mary Louise Adams**

15. Birthplace **Key** (City, town, or county) **Mo** (State or foreign country)

Major findings: **11/3**

Of operations:

Of autopsy:

PHYSICIAN

Underline the cause of which death should be charged statistically.

16. (a) Informant **Mr Frank Muthlock**

(b) Address **Thomas Hill Mo**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **5-8-48** (Month) (Day) (Year)

(c) Place: burial or cremation **Thomas Hill**

18. (a) Signature of funeral director **Walter Thomas**

(b) Address **Thomas Hill Mo**

19. (a) **5/8/48** (Date received from registrar) (b) **Walter Thomas** (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? (Specify type of place)

While at work? (e) Means of injury

23. Signature **J. L. Adams** (M. D. or other) **MD**

Address **Salisbury Mo** Date signed **5-8-48**

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 5-10-48

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 Wm Fred A Thompson

Licensed Embalmer No. 3282

P. O. Address Madison 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.