

**FILED JAN 13 1947**  
Registration District No. **297**

Primary Registration District No. **3057**

Registrar's No. **122**

**1. PLACE OF DEATH:**  
(a) County Ray  
(b) City or town Richmond  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
220 S. College 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 \_\_\_\_\_ years, months or days

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State Missouri (b) County Ray **8/1**  
(c) City or town Richmond **1**  
(If outside city or town limits, write "RURAL")  
(d) Street No. 220 S. College **1**  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No) **0**  
If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Martha Jane Mansur  
3. (b) If veteran, name war none 3. (c) Social Security No. nan

**MEDICAL CERTIFICATION**  
20. **DATE OF DEATH:** Month Dec day 29 year 1946 hour 3 minute 25 A.M.  
21. I hereby certify that I attended the deceased from 16 Oct 1946 to 29 Dec 1946 that I last saw him alive on 25 Dec 1946 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife George G Mansur 6. (c) Age of husband or wife if alive ✓ years  
7. Birth date of deceased JANUARY 28 1859  
(Month) (Day) (Year)

Immediate cause of death Hypostatic Pneumonia **4 days**  
Due to apoplexy **4 days**  
Due to Hypertensive Heart Disease **1 year**

**8. AGE:** Years Months Days If less than one day  
87 11 1 .hr. \_\_\_\_\_ min.

9. Birthplace Adair County Iowa 1  
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

**MOTHER FATHER**  
11. Industry or business \_\_\_\_\_  
12. Name John D McClure 1  
13. Birthplace Iowa 1  
(City, town, or county) (State or foreign country)  
14. Maiden name Nancy Saunders  
15. Birthplace Iowa 1  
(City, town, or county) (State or foreign country)

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)  
Major findings: Of operations 93D  
Of autopsy \_\_\_\_\_  
**PHYSICIAN**  
Underline the cause to which death should be charged statistically.

16. (a) Informant Alfred M. Mansur  
(b) Address Jefferson City, MO  
17. (a) Burial (b) Date thereof 12-31-1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

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? ✓

(c) Place: burial or cremation Richmond, MO  
18. (a) Signature of funeral director John W. Bartholomew  
(b) Address Hardy, MO  
19. (a) Dec 30-46 (b) Mabel Jackson  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury ✓  
23. Signature J. F. Spurr (M. D. or other) MD  
Address Richmond, MO Date signed 30 Dec 46

**273**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
**40541**

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 1-11-47

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 me

me

\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed John W. Knipschild

Licensed Embalmer No. 2789

P. O. Address Hardin, Missouri

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.