

31394

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

State File No. Registrar's No. 3492

Registration District No. 399 Primary Registration District No. 1002

1. PLACE OF DEATH: (a) County Jackson (b) City or town Kansas City mo. 1 (c) Name of hospital or institution St Marys Hospital (d) Length of stay: In hospital or institution

2. USUAL RESIDENCE OF DECEASED: (a) State Mo (b) County Jackson (c) City or town Kansas City (d) Street No. 3932 Concler (e) If foreign born, how long in U. S. A. 70 years

3. (a) PRINT FULL NAME Susie Manning 552 (b) If veteran, name war No (c) Social Security No. 720

MEDICAL CERTIFICATION 20. DATE OF DEATH: Month Sept, day 5th year 1939- hour 12 minute 30 P.M. 21. I hereby certify that I attended the deceased from 1938 to Sept. 5 1939; that I last saw h.w. alive on 9/5/39 - 1939; 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 Wid (b) Name of husband or wife George Manning (c) Age of husband or wife if alive 7 years 7. Birth date of deceased Aug 10 1869

Immediate cause of death. Acute Pulmonary Congestion. Due to chr. dilatation of heart. Due to Arterial fibrillation, Regenerating adenoma of thyroid. Other conditions (Include pregnancy within 3 months of death)

8. AGE: Years 70 Months 0 Days 25 If less than one day hr. min.

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

10. Usual occupation Housework

11. Industry or business 9

MOTHER FATHER { 12. Name J. E. Buchanan 9 13. Birthplace Ark. 9 14. Maiden name Katherine Montgomery 15. Birthplace Ark. 9

16. (a) Informant's own signature Lattie Sandport (b) Address Brookfield mo.

17. (a) Brookfield mo (b) Date thereof Sept 7 1939 (c) Place: burial or cremation Brookfield mo

18. (a) Signature of funeral director Mrs. C. E. Foster (b) Address 918 Brooklyn H.C. mo.

19. (a) Sept 6 1939 (b) M. H. Crowe (Date received local registrar) (Registrar's signature)

PHYSICIAN Major findings: Of operations Of autopsy. Cause of death: Underline the cause to which death should be charged statistically

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? (d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature Phares M. D. or other) Address 1216 Prof. Bldg. Date signed 9/6/39

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Rev. 5-17-30 I 19351

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

Dwight C. Browning

Licensed Embalmer No. *2724*

P. O. Address *718 Brooklyn B.C. 7*

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, above space should be left blank.