DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9796

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 1230

1. PLACE OF DEATH:

(a) County Jackson.

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

(c) Name of hospital or institution: 2420 Forest. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community Three yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson.

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

(d) Street No. 2420 Forest (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME James Manlove (James Manlove)

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race Eth.

6. (a) Single, widowed, married, divorced Widowed.

6. (b) Name of husband or wife Josephine Manlove.

6. (c) Age of husband or wife if alive 87 years

7. Birth date of deceased March (Month) 15 (Day) 1850 (Year)

8. AGE: Years 90 Months — Days 3. If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Samuel Manlove.
13. Birthplace Nashville (City, town, or county) Tennessee. (State or foreign country)

MOTHER
14. Maiden name Sylvia
15. Birthplace Nashville (City, town, or county) Tennessee. (State or foreign country)

16. (a) Informant's own signature Georgia Burton

(b) Address 2420 Forest ave

17. (a) Removal. (Burial, cremation, or removal) (b) Date thereof March 18 1940. (Month) (Day) (Year)

(c) Place: burial or cremation Olathe, Kansas.

18. (a) Signature of funeral director H. E. Julian Pt. Eldridge

(b) Address Olathe Kansas.

19. (a) Mch 19, 1940 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18th year 1940 hour 1:30 minute P.M.

21. I hereby certify that I attended the deceased from March 13th, 1940 to March 18, 1940 that I last saw him alive on March 13th, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Focal Infection

Due to Myocarditis

Due to 9320

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

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? (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. E. Perry (M. D. or other)

Address 1214 Vine Date signed 3/19/40

(Licensed Embalmer's Statement on Reverse Side)

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.

MARGIN RESERVED FOR BINDING

Rev. 5-17-39 1 X19511

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.....

Licensed Embalmer No. 2047

P. O. Address. Olathe Kas

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.