

S. No. 2
-11-10-39
V. 5-17-39
-1 X21492

Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No. **3165**

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

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:
K.C. General Hospital No. 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 4 days
(Specify whether years, months or days)
 In this community 30 Years.

3. (a) PRINT FULL NAME JERRY MANFORD **516**

3. (b) If veteran, name war None **3. (c) Social Security** No. None

4. Sex <u>Male</u>	5. Color or race <u>White</u>	6. (a) Single, widowed, married, divorced <u>Widow</u>
6. (b) Name of husband or wife <u>Laura A. Manford,</u>		6. (c) Age of husband or wife if alive ----- years

7. Birth date of deceased August 25th, 1873
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
<u>66</u>	<u>11</u>	<u>12</u>	hr. min.

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

10. Usual occupation Retired Saddle Maker

11. Industry or business -----

MOTHER FATHER

12. Name <u>No Record</u>	13. Birthplace <u>No Record</u> <small>(City, town, or county) (State or foreign country)</small>
14. Maiden name <u>No Record</u>	15. Birthplace <u>No Record</u> <small>(City, town, or county) (State or foreign country)</small>

16. (a) Informant Louis Manford,
(b) Address 2632 Brighton, Av., K.C. Mo.

17. (a) Burial **(b) Date thereof** Aug. 9th, 40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill Cemetery,

18. (a) Signature of funeral director Mrs. C.L. Forster
(b) Address 918 Brooklyn Avenue, K.C. Mo.

19. (a) Aug. 8, 1940 **(b)** M. M. Crewe
(Date received local registrar) (Registrar's signature)

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. 2632 Brighton
(If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 7th
 year 1940 hour 7 minute 30 A. M.

21. I hereby certify that I attended the deceased from Aug. 3rd, 1940 to Aug. 7th, 1940, 19____
 and that death occurred on the date and hour stated above.

Immediate cause of death Acute cardiac infarction and acute pulmonary edema

Due to _____ **448**

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings: _____
 Of operations: _____
 Of autopsy: _____
 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? _____

While at work? _____ **(Specify type of place)**
 Means of injury _____

23. Signature Dwight R. Thorn **(M. D. or other)**
Address Med. Dir. K.C. Gen. Hospital **Date signed** _____

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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 *Reginald C. O'Brien*

Licensed Embalmer No. *2724*

P. O. Address *R.C. 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, above space should be left blank.