

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

37607

State File No.

4205

Registration District No. 399

Primary Registration District No. 1002

Registrar's No.

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 14 days
(Specify whether
 In this community 30 Years
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. 6918 College
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 2nd
 year 1940 hour 3 minute 50 P. M.

21. I hereby certify that I attended the deceased from
Sept. 18th 1940 to Nov. 2nd 1940, 1940;
 that I last saw her alive on November 2nd, 1940, 1940;
 and that death occurred on the date and hour stated above.

Immediate cause of death: CARCINOMA OF CERVIX WITH METASTASES

Due to _____
 Due to _____

Other conditions:
(Include pregnancy within 3 months of death) 48

Major findings:
 Of operations _____

Of autopsy: None

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)
(e) Means of injury

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

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME JUANITA CHRISSIE MANCHESTER
 3. (b) If veteran, name war None 3. (c) Social Security No. 495-05-1828

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced
 6. (b) Name of husband or wife Mr. Verne Manchester 6. (c) Age of husband or wife if alive -- years
 7. Birth date of deceased December 25 1891
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
48 10 8 hr. min.

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

10. Usual occupation Part Time

11. Industry or business Bookbinders

12. Name John Delbert Short

13. Birthplace Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Juanita Waltz

15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Vernon Manchester

(b) Address 2540 Charlotte

17. (a) Burial (b) Date thereof Nov. 5, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hill Topoka Cemetery, Topeka, Kansas

18. (a) Signature of funeral director O. F. Newcomer, Low

(b) Address 1401 Brush Creek Blvd.

19. (a) 11-4-50 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

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

FILED DEC 21 1940

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.....

Emile M. Colburn

Licensed Embalmer No. *3506*

P. O. Address *C. M. O.*

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.