S. No. 2
—4-13-40
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED JAN 10 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 10 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41506

Registration District No. 399 | Primary Registration District No. 1002 | Registrar's No. 4899

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: K.C. Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3628 Oakley
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: None (Specify whether
In this community: 9 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Jackson
(c) City or town: K.C. Mo
(If outside city or town limits, write "RURAL")
(d) Street No.: 3628 Oakley
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME: Aaron McManamy
Aaron Mc Manamy
3. (b) If veteran, name war: none
3. (c) Social Security No.: none

4. Sex: Male
5. Color or race: Negro
6. (a) Single, widowed, married, divorced: Widow
6. (b) Name of husband or wife: Unk
6. (c) Age of husband or wife if alive: Deceased years
7. Birth date of deceased: Don't Know (Month) (Day) (Year)

8. AGE: About 74 Years | Months | Days | If less than one day ..... hr. ..... min.

9. Birthplace: Memphis Tenn (City, town, or county) (State or foreign country)
10. Usual occupation: Ret-Employed
11. Industry or business: None

MOTHER FATHER
12. Name: Don't Know
13. Birthplace: Don't Know (City, town, or county) (State or foreign country)
14. Maiden name: Laura Green
15. Birthplace: Virginia (City, town, or county) (State or foreign country)

16. (a) Informant: Bertha Barr
(b) Address: 3628 Oakley
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Dec 24 1940 (Month) (Day) (Year)
(c) Place: burial or cremation: Lincoln
18. (a) Signature of funeral director: Elmer A. Freeman
(b) Address: 1212 W. 9th St
19. (a) 12-24-40 (Date received local registrar) (b) M. M. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: 12 day: 24
year: ..... hour: ..... minute: 9 A M.
21. I hereby certify that I attended the deceased from ..... to ..... 19....;
that I last saw the deceased alive on ..... 19....;
and that death occurred on the date and hour stated above.

Immediate cause of death: Coroner
Duration
Due to: Pulmonary Edema
Due to: Chronic Fibroid Myocarditis
Other conditions (Include pregnancy within 3 months of death): 93c
Major findings:
Of operations:
Of autopsy:

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? 5
While at work? (Specify type of place) (e) Means of injury:
23. Signature: (M. D. or other)
Address: Date signed:

(Licensed Embalmer's Statement on Reverse Side)

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 Julius A. V. Fischer

Licensed Embalmer No. 2229

P. O. Address 1212 Vine St

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.