

APR 15 1941
Registration District No. 399

Primary Registration District No. 1002

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2915 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 10 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. 2915 Forest
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 61 years

8. (a) PRINT FULL NAME Francis Sylvester McManus

3. (b) If veteran, name war No 8. (c) Social Security No. 496-03-6525

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs. Jennie McManus
6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased August 17 1947
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 7 11 — hr. — min.

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

10. Usual occupation laborer

11. Industry or business unemployed for 2 yrs.

MOTHER FATHER { 12. Name James McManus
13. Birthplace Ireland
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth McManus
15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant James W. McManus

(b) Address 4315 Radnoke Pkwy.

17. (a) Burial (b) Date thereof March 3 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pittsburg, Kansas

18. (a) Signature of funeral director Ray E. Snow

(b) Address 2315 Linnwood

19. (a) 3/2/41 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 28
year 1941 hour 3 minute 45 P. M.

21. I hereby certify that I attended the deceased from January 29
1941 to February 28, 1941
that I last saw him alive on February 15, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Failure
Duration 2 hrs.

Due to Gastric Carcinoma Nov. 15th
to Feb. 28th

Due to 46 P

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations None

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) no

(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) (e) Means of injury in

23. Signature Carl E. Everett (D.O. or other) DD
Address 29th + 71st R.C., Mo. Date signed Mar. 1, 1941

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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.....

Ray E Snow

Licensed Embalmer No. 2560

P. O. Address 1807 East 29th

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.