S. No. 2
M—5-42
Y. 5-17-39
X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17041

Registration District No. FILED JUN 7 1943

Primary Registration District No. 1002

Registrar's No. 2427

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: 3838 Paseo
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community: 33 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Jackson 48
(c) City or town: Kansas City 3
(If outside city or town limits, write "RURAL") 8
(d) Street No.: 3838 Paseo. 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: John Francis McManus
3. (b) If veteran, name war: No no
3. (c) Social Security No.: none

4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Sept. 20, 1900 (Month) (Day) (Year)

8. AGE: Years 42 | Months 7 | Days 15 | If less than one day hr. min.

9. Birthplace: Topeka, Kas. (City, town, or county) (State or foreign country)
10. Usual occupation: Interviewer
11. Industry or business: U.S. Employment Service
FATHER
12. Name: John F. McManus
13. Birthplace: New York City N.Y. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Marguerite Grady
15. Birthplace: Kansas City, Mo. (City, town, or county) (State or foreign country)
16. (a) Informant: Miss Marie McManus
(b) Address: 3838 Paseo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 8, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation: St. Mary's Cemetery
18. (a) Signature of funeral director: Thos. E. Quirk Funeral
(b) Address: 4316 Troost Ave.
19. (a) 5/7/43 (Date received by local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5th. year 1943 hour 9.50 P.M. minute M.
21. I hereby certify that I attended the deceased from May, 1928, to May 5, 1943, that I last saw him alive on May 5, 1943, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary Tuberculosis	3 yrs
Due to: — 13B'	
Due to: —	
Other conditions (Include pregnancy within 3 months of death): A By Pneumo + Sx Treat	4 yrs

Major findings:
Of operations: none
Of autopsy: none

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)
Home
While at work? (e) Means of injury
23. Signature: Harry L. Jones (M. D. or other)
Address: Kansas City Mo. Date signed 5/6/43

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(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.....

Licensed Embalmer No. 3775

P. O. Address K 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, fact should be so stated above.