

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 2702

Registration District No. 149

Primary Registration District No. 1002

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
4419 Benton Blvd.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 32 years (Specify whether 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. 4419 Benton Blvd.
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME DORA MANFIELD

3. (b) If veteran, name war. no

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 13 year 1943 your minute 12:40 PM

21. I hereby certify that I attended the deceased from Feb 28 1943 to 6/13 1943

that I last saw her alive on June 11 1943 and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Harry Manfield

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 10 - 1887
(Month) (Day) (Year)

Due to acute myocardial infarction 1 day

Due to Coronary Arteriosclerosis

Due to _____

Other conditions (Include pregnancy within 3 months of death) H2

Major findings: _____

Of operations _____

Of autopsy _____

8. AGE: Years Months Days If less than one day

55 11 3 hr. min.

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

10. Usual occupation at home

11. Industry or business Don't know

12. Name Don't know

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

14. Maiden name Don't know

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

16. (a) Informant Morris Manfield

(b) Address 4419 Benton K.C. Mo.

17. (a) Burial (b) Date thereof 6/13/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Shelby Cem.

18. (a) Signature of funeral director J. S. Smith

(b) Address 3400 Woodland

19. (a) 6-15-43 (b) P. E. Brown
(Date received local registrar) (Registrar's signature)

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)

(e) Means of injury _____

23. Signature Martha Galatras (M. D. or other) _____

Address 1219 Chalmers Bldg Date signed 6-11

MOTHER FATHER

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

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.....

.....
working under my personal supervision.

..... Registered Apprentice No.

Signed.....

.....
Licensed Embalmer No. 3110

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.