

DEAD AUG 21 1948 149
 Registration District No. _____

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town Kansas City, Mo
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution 2408-E-113 St
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community 40 yrs _____ (Specify whether
 years, months or days)

3. (a) PRINT FULL NAME John W. Manny
3. (b) If veteran, no **3. (c) Social Security**
 name war _____ No. no

4. sex male **5. Color or** white **6. (a) Single, widowed, married,**
2 divorced wid
6. (b) Name of husband or wife Sarah Manny **6. (c) Age of husband or wife if**
alive _____ years
7. Birth date of deceased Sept-26-1952
 (Month) (Day) (Year)

8. AGE: Years 90 Months 10 Days 11 If less than one day
 hr. _____ min. _____

9. Birthplace Tenn 1
 (City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

12. Name Manny

13. Birthplace no record 9
 (City, town, or county) (State or foreign country)

14. Maiden name no record

15. Birthplace no record 9
 (City, town, or county) (State or foreign country)

16. (a) Informant Eva Pearl Brown

(b) Address 2408-E-113 St

17. (a) Burial Forest Hill **(b) Date thereof** 8-9-1943
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director Mr. C. E. Foster

(b) Address 812 E. 11th

19. (a) 8-9-43 **(b) D. E. Brown**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson 48
 (c) City or town Kansas City 8
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2408-E-113 St
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 7
 year 1943 hour 11.0 minute 30 A.M.

21. I hereby certify that I attended the deceased from Dec 1
1941, 19 _____ to 8/7/43 19 _____
 that I last saw him alive on 8/5/43 19 _____
 and that death occurred on the date and hour stated above.

Immediate cause of death: Myocardial
insufficiency 93x
 Due to _____
 Due to 90 yrs old
 Other conditions: _____
 (Include pregnancy within 3 months of death)

Duration
about
3 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?

 While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature Olaf Calman no
 Address 6047 E. 15th Date signed 8/7/43

Dr. W. A. Coleman
64-00-32-11-27
6447281527

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 Theron A. Redmon

Licensed Embalmer No. 2737

P. O. Address H. L. no

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.