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No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5515
Registrar's No.

FILED JAN 5 1944
Registration District No. 49

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.
(c) Name of hospital or institution: North East Hospital
(d) Length of stay: In hospital or institution 26 hours
In this community 26 hours

3. (a) PRINT FULL NAME Frank William Manser
3. (b) If veteran, name war -- 3. (c) Social Security No. --

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced, --
6. (b) Name of husband or wife -- 6. (c) Age of husband or wife if alive, -- years
7. Birth date of deceased Dec. 22, 1943

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

9. Birthplace Kansas City, Mo. 0

10. Usual occupation --

11. Industry or business --

MOTHER FATHER { 12. Name Pleas Manser
13. Birthplace West Plains Missouri
14. Maiden name Mildred Boyer
15. Birthplace Eldon, Missouri 0

16. (a) Informant Pleas Manser
(b) Address 3938 Highland, K.C. Mo.

17. (a) Burial (b) Date thereof Dec. 24-43
(c) Place: burial or cremation Floral Hills Cemetery

18. (a) Signature of funeral director Shell Funeral Home

(b) Address
19. (a) 12-25-43 (Date received local registrar)
N. C. Brown (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City, Mo.
(d) Street No. 3938 Highland
(e) Citizen of foreign country? No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 23 year 1943 hour 4 minute A M.

21. I hereby certify that I attended the deceased from December 22, 1943 to December 23, 1943; that I last saw him alive on December 22nd, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity
Due to Causes unknown

Other conditions (Include pregnancy within 3 months of death)
159

Major findings: Of operations
Of autopsy

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature Joseph E. Prior
Address 3902 A. Woodland, Kansas City, Mo. Date signed 12-23-43

Office 3902 Woodland Wa 6526

Home Gladstone 9972

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.....

P. O. Address.....

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.