

FILED JUL 24 1944

Registration District No. \_\_\_\_\_

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County JACKSON  
(b) City or town KANSAS CITY 4  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: GROSSE CONVALESCENT HOME 3918 CHARLOTTE  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 MONTHS  
(Specify whether years, months or days)  
In this community 27 YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON  
(c) City or town KANSAS CITY 48  
(If outside city or town limits, write "RURAL")  
(d) Street No. 439 WEST 61 ST STREET TERRACE 6  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MRS SALLIE YANCEY McMANUS

3. (b) If veteran, name war NO 3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED  
6. (b) Name of husband or wife M.R. 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
JOHN A McMANUS 2-1866  
7. Birth date of deceased (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>8</u>	<u>8</u>	hr. _____ min. _____

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

10. Usual occupation AT HOME

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name JERRY H. YANCEY  
13. Birthplace KENTUCKY  
(City, town, or county) (State or foreign country)  
14. Maiden name MARGARET WRIGHT  
15. Birthplace ALABAMA  
(City, town, or county) (State or foreign country)

16. (a) Informant J Yancey McManus  
(b) Address 7559 Walnut Street

17. (a) BURIAL (b) Date thereof JULY 13 1944  
(Burial, cremation, or removal) (City or town) (County) (State) (Year)  
(c) Place: burial or cremation OTTERRVILLE, MISSOURI  
I.O.O.F. CEMETERY

18. (a) Signature of funeral director D.W. Newcomer, Sons  
(b) Address 1401 BRUSH CREEK BLDG.

19. (a) 7-12-44 (b) T. E. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 10 TH  
year 1944 hour 1 minute 00 P. M.  
21. I hereby certify that I attended the deceased from May  
27, 1943 to July 10, 1944;

that I last saw her alive on July 9, 1944,  
and that death occurred on the date and hour stated above.  
Immediate cause of death Cerebral Hemorrhage Duration 5 days  
E. Left hemiparesis Terminal Broncho Pneumonia 3 days  
Due to Arterio sclerosis 82:1 Years

Other conditions Pericarditis Aneurysm 8 spot  
(Include pregnancy within 3 months of death)  
Coronary Spinal Cord Sclerosis PHYSICIAN

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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)  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature Joseph Eulew (M. D. or other) MD  
Address 836 Prof Bldg Date signed 7-11-44

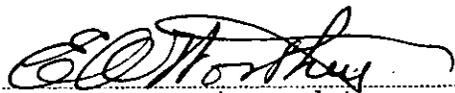
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

838 Professional Bldg  
1:30-5

**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. 1767

P. O. Address. 76 E 7th

**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.