

S. No. 2
M-5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36826

State File No. _____

FILED NOV 20 1944
749

Primary Registration District No. 1002

Registrar's No. 4472

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: St Joseph Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day
In this community 1 day
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City, Mo.
(If outside city or town limits, write "RURAL") 3

(d) Street No. 3938 Highland
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ 1

3. (a) PRINT FULL NAME Infant Manzer

3. (b) If veteran, name war -- 110

3. (c) Social Security No. none

4. Sex Male 0

5. Color or race W

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 Nov. 4, 1944
(Month) (Day) (Year)

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

9. Birthplace Kansas City Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation infant

11. Industry or business _____

12. Name Pleas Manzer

13. Birthplace West Plains Mo. 0
(City, town, or county) (State or foreign country)

14. Maiden name Mildred Boyer

15. Birthplace Eldon Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Pleas Manzer

(b) Address 3938 Highland

17. (a) Burial (b) Date thereof Nov. 7-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Floral Hills Cemetery

18. (a) Signature of funeral director John P Sheil

(b) Address 6606 Indep. Ave. K.C. Mo.

19. (a) 11-6-44 (b) N. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 5
year 1944 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Nov. 4 1944 to Nov. 5 1944;
that I last saw him alive on Nov. 5 1944;
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary atelectasis

Due to Cause not known

Due to _____

Other conditions 161a
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy As above

Duration _____

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 Ernie Shwood (M. D. _____)

Address Pathologist Date signed 11-6-44

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

MOTHER FATHER

861 (Licensed Embalmer's Statement on Reverse Side) J. Joseph Hoops, R.C., Mo.

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 John P. Shuit

Licensed Embalmer No. 3425

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.