

15963

State File No.

FILED JUN 1 1945

Registration District No. 749

Primary Registration District No. 1002

Registrar's No. 2150

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

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

In this community 25 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL") 8

(d) Street No. 3914 Locust (If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Bertie Manning

3. (b) If veteran, name war no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 14
year 1945 hour 5 minute 45 A. M.

21. I hereby certify that I attended the deceased from May 13 1945 to May 14 1945
that I last saw her alive on May 14 1945
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife James Manning 6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased May 13 1981
(Month) (Day) (Year)

Immediate cause of death adenocarcinoma of ovary with pelvic metastasis

Due to

Due to

Other conditions (include pregnancy within 3 months of death) 490

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

64 0 1 hr. min.

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

10. Usual occupation house wife

11. Industry or business

12. Name Jean Neet

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

14. Maiden name Amanda Mc Clure

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

16. (a) Informant Mrs. E. J. Dorgan

(b) Address 3914 Locust

17. (a) Burial (b) Date thereof May 19 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

Major findings: 490

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

18. (a) Signature of funeral director Mrs. C. L. Forster

(b) Address 918 Brooklyn

19. (a) 5-18-45 (b) Heraldine Holmes
(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 Clark W. Seely (M. D. or other)
Address Med. Dir. K.C. General Hospital Date signed

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

8308

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..... *C. H. Wise*

Licensed Embalmer No. *2570*

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.