V. S. No. 2
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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 40192

FILED JAN 8 1946

Registration District No. 18 Primary Registration District No. 1002 Registrar's No. 5240

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: K.C.General Hospital No.1 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 26 days (Specify whether years, months or days)
In this community 28 years

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")
(d) Street No. 3916 Morrell 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME William De wey Manley
3. (b) If veteran, name war No
3. (c) Social Security No. 490-09-0265
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Divorced 0
6. (b) Name of husband or wife unknown.
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April (Month) 5 (Day) 1900 (Year)
8. AGE: Years 45 Months 8 Days 13 If less than one day hr. min.
9. Birthplace Kingsville (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation Truck driver
11. Industry or business
MOTHER FATHER
12. Name William R. Manley
13. Birthplace Missouri 0 (City, town, or county) (State or foreign country)
14. Maiden name Lizzie Steven
15. Birthplace Missouri 0 (City, town, or county) (State or foreign country)
16. (a) Informant Lloyd Manley
(b) Address 310 North Liberty, Ind.Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 12-22-45 (Month) (Day) (Year)
(c) Place: burial or cremation Woodlawn
18. (a) Signature of funeral director George C. Carson
(b) Address Independence, Mo.
19. (a) 12-30-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 18th year 1945 hour 3 minute 10 P.M.
21. I hereby certify that I attended the deceased from 3 11-22-45, 19__, to 12-18-45, 19__; that I last saw him alive on 12-18-45, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Heart disease with hypertrophy and anasarca

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy
See above

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 Clark W. Seelig M.D. (M. D. or other)
Address Med.Dir.K.C.Gen.Hospital Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 Dean Gwen

Licensed Embalmer No. 4280

P. O. Address Mnd 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.