No. 2
2-45
17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 4 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37081

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

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: 335 Gladstone Blvd (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City (If outside city or town limits, write "RURAL") 3
(d) Street No. 335 Gladstone Blvd (If rural, give location) 8
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Hardin Bowman Manard
3. (b) If veteran, name war WW I
3. (c) Social Security No. no
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Lulu Manard
6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased Dec 11 1880 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
65	11	4	hr. min.

9. Birthplace (City, town, or county) Tenn (State or foreign country)
10. Usual occupation Attorney
11. Industry or business
12. Father's name Bidville Manard
13. Birthplace (City, town, or county) Tenn (State or foreign country)
14. Mother's maiden name Mary Louise Evans
15. Birthplace (City, town, or county) Tenn (State or foreign country)
16. (a) Informant Lulu Manard
(b) Address 335 Gladstone Blvd
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 19 46 (Month) (Day) (Year)
(c) Place: burial or cremation Elmwood
18. (a) Signature of funeral director Wm. C. P. Foster
(b) Address 918 Broadway
19. (a) 11-18-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

Cas Mo 2-1-47

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 15 year 1946 hour 5 minute 30 P.M.
21. I hereby certify that I attended the deceased from Oct 19 1946, 19..; that I last saw him alive on Nov 15 1946, 19..; and that death occurred on the date and hour stated above.

Immediate cause of death: Acute cardiac dilatation — Duration
Due to: Hypertensive Cardiovascular Disease
Due to: (Coronary arteriosclerosis)
Other conditions: Focal encephalomalacia
(Include pregnancy within 3 months of death) (neg)
Major findings: (2) Generalized arteriosclerosis
Of operations
Of autopsy above 93.0

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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature Jarlith Hill (M. D. or other) M.D.
Address Trinity Lutheran Hosp. Date signed 6 Nov 46

(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 Cortland Munro

Licensed Embalmer No. 3414

P. O. Address 918 Brooklyn

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.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State of Missouri
County of Jackson } ss.

State File No.
Local Registrar's No. 4834

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 11 day of January, 1947, before me appears Lulu Manard, who, upon her oath, states that the original record of death for Hardin Bowman Manard, died Nov. 15, 1946, in the State of Missouri, and which was filed at Kansas City Mo. on 17, 1946, should be corrected as follows:

Item No. 3 should read World War No. 1.
Instead of No.

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant X Lulu H. Manard Wife
Relationship.

335 Gladstone
Present Address.

Subscribed and sworn to before me this 11th day of January, 1947.

My Commission expires September 11th 1947.

Leon T. Wahl Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

V. S. 135
1-3-42
1 X32339

~~Serial No. 32C-2983-150~~

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