No. 2
-1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED AUG 25 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26849

Registration District No. 42 — Primary Registration District No. 1000 — Registrar's No. 988

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 Days (Specify whether years, months or days)
In this community About 4 Days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County DeKalb
(c) City or town Clarksdale "Rural"
(If outside city or town limits, write "RURAL")
(d) Street No. Rural Route # 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country *

3. (a) PRINT FULL NAME Clara McManus
3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Thomas McManus
6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased October (Month) 22 (Day) 1872 (Year)

8. AGE: Years 74 Months 9 Days 22 If less than one day ____ hr. ____ min.

9. Birthplace Buchanan County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business None

MOTHER FATHER
12. Name Sibastian Kessler
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Louisa Sleicher
15. Birthplace Unknown (City, town, or county) Germany (State or foreign country)

16. (a) Informant Mr. Thomas McManus
(b) Address Clarksdale, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 18, 47 (Month) (Day) (Year)
(c) Place: burial or cremation Hurlinger, Missouri
18. (a) Signature of funeral director Hermann & Didenfader
(b) Address 1802 Union St. St. Joseph, Mo.
19. (a) 8-18-47 (Date received local registrar) (b) E. L. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 14
year 1947 hour 10 minute 40 P. M.

21. I hereby certify that I attended the deceased from 8-10, 19 47 to 8-14, 19 47
that I last saw her alive on 8-12, 19 47
and that death occurred on the date and hour stated above.

Duration

Immediate cause of death: Pulmonary Embolism
Due to: Coronary artero-Sclerosis
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations: 9 H P
Of autopsy: None

PHYSICIAN
Underline the cause of 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 Harold J. Brunn (M. D. or other)
Address St. Joseph, Mo. Date signed 8-16-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

NOV 3 1949

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.....
Guy T. Hays Jr
working under my personal supervision. Registered Apprentice No. 88

Signed Robert L Staple

Licensed Embalmer No. 3308

P. O. Address St Joseph 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.