

FILED NOV 1 1948 42

1. PLACE OF DEATH:

(a) County **Buchanan**
(b) City or town **St. Joseph, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution **905 North 11th St.**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **8 Months** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Emma S. 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 **Widowed**
6. (b) Name of husband or wife **James E.** 6. (c) Age of husband or wife if alive **years**
7. Birth date of deceased **September 25, 1870**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<input checked="" type="checkbox"/>	78	1	0	hr. min.

9. Birthplace **Easton Missouri**
(City, town, or county) (State or foreign country)10. Usual occupation **House Wife**

11. Industry or business:

12. Name **Sebastian Kessler**
13. Birthplace **Unknown Germany**
(City, town, or county) (State or foreign country)
14. Maiden name **Louise Schleicher**
15. Birthplace **Unknown Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Edward T. McManus**
(b) Address **Clarksdale Mo.**17. (a) **Burial** (b) Date thereof **10/28/1948**
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place, burial or cremation **St. Mary's Cemetery**
Hurlinger Mo.18. (a) Signature of funeral director **Norman McManus**
(b) Address **1802 Union St., St. Joseph, Mo.**19. (a) **10-28-48** (b) **E. S. Jenkins**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **De Kalb**
(c) City or town **Clarksdale**
(If outside city or town limits, write "RURAL")
(d) Street No. **Rural** (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **25**
year **1948** hour **9** minute **50** P.M.21. I hereby certify that I attended the deceased from **Oct 2** 19**48** to **Oct 25** 19**48**
that I last saw her alive on **Oct 7 - 1948**
and that death occurred on the date and hour stated above. DurationImmediate cause of death **Fracture of the hip** 1 yr.

Due to

Due to

Other conditions **Senility**
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **Accident** 32(b) Date of occurrence **10-2-48**(c) Where did injury occur? **Clarksdale Mo.**
(City or town) (County) (State)(d) Did injury occur in or about home, on farm, in industrial place, in public place? **In home**While at work? **No** (Specify type of place) (e) Means of injury **a fall**23. Signature **John D. Jones** (M. D. or M. O.)Address **St. Joseph Mo.** Date signed **10-26-48**

PHYSICIAN

Underline the cause of which death should be charged statistically.

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 Elmer Thomas

Licensed Embalmer No. 2640

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.