

FILED DEC 11 1948

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4800

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

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:  
1121 East 11th Street  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution no (Specify whether  
In this community lifetime years, months or days)

3: (a) PRINT FULL NAME Theresa Josephine MANLEY

3. (b) If veteran, name war no 3. (c) Social Security No. 495-24-6377

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife John J. Manley 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased July 5 1897  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>51</u>	<u>4</u>	<u>18</u>	hr. min.

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

10. Usual occupation

11. Industry or business Montgomery Ward

12. Name Winfield S. Bevington

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

14. Maiden name Agnes Dixon

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

16. (a) Informant Mr. John J. Manley

(b) Address 1121 E. 11th St., K. C., Mo.

17. (a) Burial (b) Date thereof 11-26-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's Cemetery

18. (a) Signature of funeral director Melody McGilley-Eylar

(b) Address Kansas City Missouri

19. (a) 11-24-48 (b) Theraldine Holme  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1121 East 11th Street  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 23  
year 1948 hour 8 minute 30 A. M.

21. I hereby certify that I attended the deceased from Nov 22, 1948 to Nov. 23, 1948  
that I last saw he alive on Nov. 23, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis Unknown

Due to arteriosclerosis  
hypertension, Unknown

Other conditions Cerebral apoplexy 26 mo ago.

Major findings:  
Of operations None  
Of autopsy None

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?

Signature Frank B. Day (Specify type of place) 2  
While at work? (a) Means of injury  
Signature Frank B. Day (M. D. or other)  
Address 4314 E 9th K.C. Mo. Date signed 11-23-48

Dr. Frank Wolf  
4314 E. 9th

---

---

**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 Glenn E. Heck

Licensed Embalmer No. 4063

P. O. Address Kansas City, 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.**