

FILED APR 23 1951

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12687
1420

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>1420</u>					
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. LENGTH OF STAY (in this place) <u>20 YEARS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		<u>2538</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1509 EAST 38th STREET</u>				d. STREET ADDRESS (If rural, give location) <u>1509 EAST 38th STREET</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>WALTER</u>			b. (Middle) <u>HENRY</u>		c. (Last) <u>MANTER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL - 1 - 1951</u>				
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>APRIL 22, 1870</u>		9. AGE (In years last birthday) <u>80.</u>	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Days	IF UNDER 2 HRS. Hours	IF UNDER 2 HRS. Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SHEET METAL WORKER</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>LAWRENCE, KANSAS</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>EDWARD MANTER</u>			13b. MOTHER'S MAIDEN NAME <u>JULITTE BUTLER</u>			14. NAME OF HUSBAND OR WIFE <u>HATTIE MAY MANTER</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>494-12-0400</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. GLADYS M. OATS, 4204 HARRISON, K.C.MO.</u>							
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>-</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Auricular fibrillation</u>						INTERVAL BETWEEN ONSET AND DEATH <u>5 min.</u> <u>10 yrs.</u> <u>4201</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)							
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?							
22. I hereby certify that I attended the deceased from <u>Sept 1, 1945</u> , to <u>April 1, 1951</u> , that I last saw the deceased alive on <u>March 9, 1951</u> , and that death occurred at <u>9:15 A.M.</u> , from the causes and on the date stated above.											
23a. SIGNATURE <u>William F. Sanders</u> (degree or title) <u>M.D.</u>				23b. ADDRESS <u>1103 Grand Kansas City Mo.</u>				23c. DATE SIGNED <u>April 2, 1951</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>APRIL 3, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>FOREST HILL CEMETERY</u>			24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY, MISSOURI</u>					
DATE REC'D BY LOCAL REG. <u>4-2-51</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>D. W. Newcomer's Sons, Kansas City, Mo.</u>						

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

020
10-12; 11:30-4

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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.

Signed

Robert Ray

Licensed Embalmer No. *4182*

P. O. Address *Kansas City*

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.