

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5140**

FILED MAR 8 1952

BIRTH NO.

REG. DIST. NO.

149

PRIMARY REG. DIST. NO.

1002

Registrar's No.

911

1. PLACE OF DEATH a. COUNTY JACKSON U			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. LENGTH OF STAY (in this place) unk	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		78
d. FULL NAME OF HOSPITAL OR INSTITUTION WHEATLEY-PROVIDENT HOSPITAL			d. STREET ADDRESS (If rural, give location) 2620 BENTON 3570		
3. NAME OF DECEASED (Type or Print) a. (First) LAURA PEARL b. (Middle) MANLEY c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) FEB. 21, 1952		
5. SEX 3 FEMALE	6. COLOR OR RACE NEGRO	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 1	8. DATE OF BIRTH JULY 7, 1891	9. AGE (In years last birthday) 60	IF UNDER 1 YEAR Months
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) TENNESSEE		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME ANDREW JACKSON		13b. MOTHER'S MAIDEN NAME ^{o.s.} DIXIE JACKSON		14. NAME OF HUSBAND OR WIFE REV. BENJAMIN N. MANLEY	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) no		16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Rev. B. N. Manley		
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intestinal obstruction - complete ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Incarcerated ventral hernia - ileum DUE TO (c) omentum + colon.			INTERVAL BETWEEN ONSET AND DEATH 56 1/3
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Min.)		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 2-21 , 19 53 to 2-21 , 19 52 that I last saw the deceased alive on 2-21 , 19 52 , and that death occurred at 11:05 P. m. , from the causes and on the date stated above.					
23. SIGNATURE Charles E. Vilmer (Degree or title) Charles E. Vilmer, MD.			23b. ADDRESS 1216 Prof Bldg		23c. DATE SIGNED 2-23-52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2-26-52	24c. NAME OF CEMETERY OR CREMATORY Highland	24d. LOCATION (City, town, or county) (State) K. C. Mo.		
DATE REC'D BY LOCAL REG. 2-26-52		REGISTRAR'S SIGNATURE Geraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE Fannie Meeks		
			ADDRESS K. C. Mo.		

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Fannie L. Meek*

Licensed Embalmer No. *3818*

P. O. Address *Kansas City 8, 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.