

STANDARD CERTIFICATE OF DEATH

State File No. **23699**BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 773

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph	
c. LENGTH OF STAY (In this place) 1 day		d. STREET ADDRESS (If rural, give location) 422 Kemper St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Josephs Hosuital			

3. NAME OF DECEASED (Type or Print) a. (First) Ruth		b. (Middle) Anna		c. (Last) Manney		4. DATE OF DEATH (Month) (Day) (Year) July 13, 1952	
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5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH July 24, 1874	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months 7	IF UNDER 11 HRS. Days 7	IF UNDER 11 HRS. Hours 7	IF UNDER 11 HRS. Min. 7
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (State or foreign country) McCord, Illinois	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME W. H. Lieghty	13b. MOTHER'S MAIDEN NAME Ruth Anna Merritt	14. NAME OF HUSBAND OR WIFE William J. Manney
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mrs. Jean Kiner	ADDRESS 422 Kemper, St. Joseph, Mo.
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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, assthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Cardiac Failure		INTERVAL BETWEEN ONSET AND DEATH 2 hrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocardial Infarction		3 days
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4201	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 6-21-, 1952, to 7-13-52, 1952, that I last saw the deceased alive on July 12, 1952, and that death occurred at 9:25p. m., from the causes and on the date stated above.

23a. SIGNATURE <i>Anna W. Manney</i>	(Degree or title) M.D.	23b. ADDRESS Tootle Building St. Joseph, Missouri	23c. DATE SIGNED 7-16-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 7/15/1952	24c. NAME OF CEMETERY OR CREMATORY Sabetha Cemetery	24d. LOCATION (City, town, or county) (State) Sabetha Kansas
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DATE REC'D BY LOCAL REG. July 24, 1952	REGISTRAR'S SIGNATURE <i>Carl C. Castle</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Walter Bowman</i>	ADDRESS Funeral Home St. Joseph, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

0117

0117

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4201

W. J. ...

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 *James R. Hankins*

Licensed Embalmer No. 4536

P. O. Address 319 South 10th St

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.