

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **24981**  
Registrar's No. **3640**

FILED AUG 13 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. CITY OR TOWN <b>Kansas City</b>	
c. LENGTH OF STAY (in this place) <b>14 YRS.</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Joseph Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>3228 Garfield Avenue</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Thomas</b>		b. (Middle) <b>J.</b>	
c. (Last) <b>MC MANUS</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>July 20, 1953</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>8-5-95</b>
9. AGE (In years last birthday) <b>57</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Dry Cleaner Owner</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>Endicott, Nebraska</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>James McManus</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Weloh</b>	
14. NAME OF HUSBAND OR WIFE <b>Mary H. McManus</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes WW-I</b>	
16. SOCIAL SECURITY NO. <b>490-10-7549</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Mary H. McManus, 3228 Garfield, KC, Mo.</b>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute hemorrhage</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Peptic ulcer of esophagus</b>  DUE TO (c) .  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION <b>7-20-53</b>		19b. MAJOR FINDINGS OF OPERATION <b>Acute esophageal bleeding</b>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <b>74 hrs.</b>	
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) (m.)	
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 <b>July 20, 1953</b> to <b>July 20, 1953</b> that I last saw the deceased alive on <b>July 20, 1953</b> , and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <b>C.J. Multhaupt</b>		23b. ADDRESS <b>1222 - Mc Lee St.</b>	
23c. DATE SIGNED <b>7-22-53</b>		23d. NAME OF CEMETERY OR CREMATORY <b>Mt. Olivet</b>	
23e. LOCATION (City, town, or county) (State) <b>Kansas City, Missouri</b>		23f. DATE REC'D BY LOCAL REG. <b>7-23-53</b>	
23g. REGISTRAR'S SIGNATURE <b>Shelding Smith</b>		23h. FUNERAL DIRECTOR'S SIGNATURE <b>Melody-McGilley-Eylar</b>	
23i. ADDRESS <b>Kansas City, Mo.</b>		23j. ADDRESS <b>Kansas City, Mo.</b>	

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

AUG 11 1954

Gr. B. m. 2672  
Ha. 2388

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.....  
Signature of Student Embalmer

Signed *Melvin L. Barbeau*.....

Licensed Embalmer No. *4903*.....

P. O. Address *REMO*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.