

FILED NOV 19 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39175

5191

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No.	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY		Jackson		a. STATE		Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township)		Kansas City		c. CITY (If outside corporate limits, write RURAL and give township)		Kansas City	
OR TOWN		9 yrs.		c. LENGTH OF STAY (in this place)		3 5 4	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
9th & Brighton				3020 Kensington 3 0			
3. NAME OF DECEASED (Type or Print)		a. (First)		b. (Middle)		c. (Last)	
Paul						MANITZ	
4. DATE OF DEATH (Month) (Day) (Year)		Nov. 2, 1953		5. SEX		Male	
6. COLOR OR RACE		White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		Married	
8. DATE OF BIRTH		12-14-98		9. AGE (in years last birthday)		54	
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		Mechanics Helper		10b. KIND OF BUSINESS OR INDUSTRY		KC Pub. Serv. Co.	
11. BIRTHPLACE (City and State or Foreign Country)		Germany		12. CITIZEN OF WHAT COUNTRY?		USA	
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE			
August Manitz		Bertha Mallison		Evelyn L. Manitz			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS			
NO		511-10-1185		Mrs. Evelyn Manitz, 3020 Kensington, KC, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <i>Respiratory Infection</i>					
		ANTECEDENT CAUSES					
		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) <i>Arteriosclerotic Heart Disease</i>					
		DUE TO (c) <i>Chronic Suppurative</i>					
		II. OTHER SIGNIFICANT CONDITIONS				4200	
		Conditions contributing to the death but not related to the disease or condition causing death.					
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)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE Geo. O. Keelhofen (Degree or title)				23b. ADDRESS		23c. DATE SIGNED	
<i>Geo. O. Keelhofen, M.D., Chgo., Ill.</i>				4050 Broadway, Kansas		11-2-53	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State)	
Burial		11-4-53		Memorial Park		Kansas City, Missouri	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS			
11-5-53		Seraldine Smith		Mellody-McGilley-Eylar, Kansas City, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 Melvin Barton

Licensed Embalmer No. 4-913

P. O. Address K.C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.