No. 300
10.48

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

FILED OCT 4 1954

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

State File No. 30713

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4279

**1. PLACE OF DEATH**
a. COUNTY: JACKSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY
c. LENGTH OF STAY (in this place): 45 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 17 East 34th Street

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: JACKSON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY, MISSOURI
d. STREET ADDRESS (If rural, give location): 17 East 34th Street

**3. NAME OF DECEASED** (Type or Print)
a. (First): EDWARD
b. (Middle): LAWRENCE
c. (Last): MANAHAN

**4. DATE OF DEATH** (Month) (Day) (Year): 9/6/54

**5. SEX**: Male
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married
**8. DATE OF BIRTH**: May 9, 1885
**9. AGE** (In years last birthday): 69
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.
**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Manufacturer
**10b. KIND OF BUSINESS OR INDUSTRY**: Arch Supports
**11. BIRTHPLACE** (State or foreign country): Effingham, Illinois
**12. CITIZEN OF WHAT COUNTRY?**: USA

**13a. FATHER'S NAME**: Thomas Richard Manahan
**13b. MOTHER'S MAIDEN NAME**: Sarah Brand
**14. NAME OF HUSBAND OR WIFE**: Mrs. Mary M. Manahan

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No
(If yes, give war or dates of service):
**16. SOCIAL SECURITY NO.**: none
**17. INFORMANT'S SIGNATURE OR NAME**: Mrs. Mary M. Manahan, Wife
ADDRESS:

**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) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) _____
DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.* Long History Heart Trouble

**19a. DATE OF OPERATION**:
**19b. MAJOR FINDINGS OF OPERATION**:
**20. AUTOPSY?** YES ☐ NO ☒

**21a. ACCIDENT SUICIDE HOMICIDE** (Specify): Natural
**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 ☐ NOT WHILE AT WORK ☐
**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**: Hugh H. Owens 3 (Degree or title) — Hugh H. Owens Coroner
**23b. ADDRESS**: 1034 City Hall Bldg.
**23c. DATE SIGNED**: 9-7-54

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: 9/8/54
**24c. NAME OF CEMETERY OR CREMATORY**: St. Marys
**24d. LOCATION** (City, town, or county) (State): Kansas City, Missouri

DATE REC'D BY LOCAL REG.: 9-7-54
REGISTRAR'S SIGNATURE: Neva Minshall
**25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS**: Quirk & Tobin-20 W. Linwood, K.C.Mo.

(Licensed Embalmer's Statement on Reverse Side)

## 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 Forrest D. Coldenow

Licensed Embalmer No. 4714

P. O. Address St. L. 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.