

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16481

State File No. _____

2261

FILED JUN 13 1956

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1001 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson		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. CITY OR TOWN Kansas City	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 25 yrs		e. STREET ADDRESS (If rural, give location) 4517 Salem Court	
d. FULL NAME OF HOSPITAL OR INSTITUTION Hyde Park Nursing Home			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) GEORGE	b. (Middle) WILLIAM	c. (Last) MANCHESTER	5 5		22 22
5. SEX Ma	6. COLOR OR RACE Wh	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 6-26-1875		9. AGE (In years last birthday) 80
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Mgr		10b. KIND OF BUSINESS OR INDUSTRY Rubber Co.	11. BIRTHPLACE (City and State or Foreign Country) Omaha, Nebr.		12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME John R. Manchester		13b. MOTHER'S MAIDEN NAME Catherine McAusland		14. NAME OF HUSBAND OR WIFE Elenor G. Manchester	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 495-20-2314		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Nelson P. Rowe, 4517 Salem Ct.	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		DUE TO (b) Hypertension		1 month	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)		10 yrs	
II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.)				3317	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 1946 to May 12, 1956, that I last saw the deceased alive on May 6, 1956, and that death occurred at 1:00 Am., from the causes and on the date stated above.

23a. SIGNATURE (Degree of title) Glenn C. Carbaugh M.D.		23b. ADDRESS 2004 Bryant Blvd. K.C.		23c. DATE SIGNED 5-17-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-24-56		24c. NAME OF CEMETERY OR CREMATORY Forest Hill	
		24d. LOCATION (City, town, or county) (State) Kansas City, Mo.			

DATE REC'D BY LOCAL REG. 5-23-56		REGISTRAR'S SIGNATURE Neva Marshall		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wagner Funeral Home, K.C. Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD Glenn C. Carbaugh

9:00 To 1:00 Pm

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 *R. L. Hambrick*

Licensed Embalmer No. *323*

P. O. Address *Lockwood*

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.