

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

'59 0 4 4 2 5 0

FILED VS DEC 30 1959 149

Registration District No. 1002 Registrar's No. 5766

STATE FILE NUMBER

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, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in lb 86 yrs.		c. CITY OR TOWN Kansas City		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 207 West Linwood Blvd.		
3. NAME OF DECEASED (Type or print) First Mary Middle Rosalia Last McManus			4. DATE OF DEATH Month November Day 30 , Year 1959			
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 1-6-1882	9. AGE (last birthday) 77	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teacher		10b. KIND OF BUSINESS OR INDUSTRY High School		11. BIRTHPLACE (City and state or country) Marshall Co., Illinois		
13a. FATHER'S NAME John McManus		13b. MOTHER'S MAIDEN NAME Margaret O'Bourne		14. NAME OF HUSBAND OR WIFE None		
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 Miss Mercedes McManus, Bradford, Illinois		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchopneumonia, Terminal, 2 weeks					INTERVAL BETWEEN ONSET AND DEATH 2 wk	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Carcinomatosis, general involving liver, lungs 5 months					5 mos.	
DUE TO (c) _____						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Generalized Arteriosclerosis				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)				
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Kansas City Jackson, Missouri				
21. I attended the deceased from 1953 to 11/30/59 and last saw her live on 11/30/59 Death occurred at 1:21 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE Quentin Cramer MD (Degree or title)			22b. ADDRESS 1103 Grand (806) K.C. Mo 64111-59		22c. DATE SIGNED 11-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12-2-1959		23c. NAME OF CEMETERY OR CREMATORY St. Mary's Cemetery		
24. FUNERAL DIRECTOR Melody-McGilley-Eylar, 20 W. Linwood		25. DATE RECD. BY LOCAL REG. 11-30-59		26. REGISTRAR'S SIGNATURE Blava Minshall		
23d. LOCATION (City, town, or county) Kansas City, Missouri						

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Quentin Cramer

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

Wm H. Perry

Licensed Embalmer No. 5038

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