

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-037113

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5049

AMENDED

1. PLACE OF DEATH
 a. COUNTY Jackson
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City Length of stay in lb unknown
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION General Hosp. Inside Limits Yes No
 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Mo. b. COUNTY Jackson
 c. CITY OR TOWN Kansas City Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 514 1/2 Main Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First George Middle Manning Last unk.
 4. DATE OF DEATH Month 10 Day 6 Year 61
 5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH 2-1-1883 9. AGE (last birthday) 78
 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Baker 10b. KIND OF BUSINESS OR INDUSTRY unknown 11. BIRTHPLACE (City and state or country) unknown 12. CITIZEN OF WHAT COUNTRY --

13a. FATHER'S NAME unknown 13b. MOTHER'S MAIDEN NAME unknown 14. NAME OF HUSBAND OR WIFE unknown
 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unk. 16. SOCIAL SECURITY NO. 17. INFORMANT Laurence Milner Address 514 1/2 Main

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
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Rt. Atrial mural thrombus & pulmonary embolism
 DUE TO (c)
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
 PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO
 20a. ACCIDENT SUICIDE HOMICIDE
 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 NOT WHILE AT WORK
 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 9-25-61 to 10-6-61 and last saw ^{her}him alive on 10-6-61
 Death occurred at 7:40 p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [Signature] (Degree or title) 22b. ADDRESS 23rd Cherry 22c. DATE SIGNED 10-9-61

23. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 10-11-61 23c. NAME OF CEMETERY OR CREMATORY Mount Calvary 23d. LOCATION (City, town, or county) (State) Kansas City Kansas

24. FUNERAL DIRECTOR Peter B. Lapetina ADDRESS 538 Campbell 25. DATE RECD. BY LOCAL REG. 10-10-61 26. REGISTRAR'S SIGNATURE Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

DOCUMENT

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

Frank Ellis

BY AFFIDAVIT OF

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

Josh. F. Moore

Licensed Embalmer No.

4729

P. O. Address

Memphis, Tenn.

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.