

Registration District No. **194249**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:  
 (a) County **Jackson**  
 (b) City or town **Kansas City, MO**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: **Allenarah Hospital**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **7 hrs** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Darryl Lee Manley**  
 3. (b) If veteran, name war **L no** 3. (c) Social Security No. **Unknown**

4. Sex **Female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**  
 6. (b) Name of husband or wife **Don R. Manley** 6. (c) Age of husband or wife if alive **65** years  
 7. Birth date of deceased **Nov 15 1918**  
 (Month) (Day) (Year)

8. AGE: Years **65** Months **2** Days **19** If less than one day **hr.** **min.**

9. Birthplace **Elba, New York** (City, town, or county) (State or foreign country)  
 10. Usual occupation **Housewife**

11. Industry or business  
 12. Name **James Kingston Jell**  
 13. Birthplace **Canterbury, New York** (City, town, or county) (State or foreign country)  
 14. Maiden name **W. Saffell**  
 15. Birthplace **Rochester, New York** (City, town, or county) (State or foreign country)

16. (a) Informant **Don R. Manley**  
 (b) Address **Richmond, Mo.**  
 17. (a) **Removal** (Burial, cremation, or removal) (b) Date thereof **June 4** (Month) (Day) (Year)  
 (c) Place: burial or cremation **Richmond, Mo.**  
 18. (a) Signature of funeral director **W. Thurman**  
 (b) Address **Richmond, Mo.**  
 19. (a) **6-4-43** (Date received at local registrar) (b) **W. W. Brown** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State **MO** (b) County **Ray** **89**  
 (c) City or town **Richmond** (If outside city or town limits, write "RURAL")  
 (d) Street No. **L** (If rural, give location)  
 (e) Citizen of foreign country? **L** (Yes or No)  
 If yes, name country **L**

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month **June** day **4** year **1943** hour **12** minute **40 P.** M.  
 21. I hereby certify that I attended the deceased from **Feb 4** to **June 4** that I last saw her alive on **June 4** and that death occurred on the date and hour stated above.

Immediate cause of death: **Cardiac failure with acute pulmonary congestion**  
 Due to **Hypertension**  
 Other conditions (include pregnancy within 3 months of death)  
 Major findings: **930 930**  
 Of autopsy

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify)  
 (b) Date of occurrence  
 (c) Where did injury occur? (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
 While at work? (Specify type of plant) (Specify means of injury)  
 23. Signature **W. Morris Dunning** (M. D. or other)  
 Address **420 Prof Bldg.** Date signed **6-4-43**

**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

....., Registered Apprentice No. ....

working under my personal supervision.

Signed.....

..... Licensed Embalmer No. ....

..... P. O. Address.....

**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.**