

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

MOV. 5-17-39 I X19511

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REGD SEP 12 1939

Registration District No. 273

Primary Registration District No. 3006

Registrar's No. 169

1. PLACE OF DEATH: Boone
 (a) County Boone
 (b) City or town Columbia
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1608 Paris Road W
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution No (Specify whether
 In this community 1 1/2 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Boone
 (c) City or town Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. Hallsville
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. U. S. A. years.

3. (a) PRINT FULL NAME Edwin C. MENAUGH
 3. (b) If veteran, name war No
 3. (c) Social Security No. 486-14-0299

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Aug day 18th
 year 1939 hour 4 minute P M.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife ORPHA WELSH MENAUGH 6. (c) Age of husband or wife if alive 50 years
 7. Birth date of deceased APRIL 14 1888
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug-17
 1939 to Aug 18 1939
 that I last saw him alive on Aug-17 1939
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
51 4 4 hr. min.

Immediate cause of death Cardio-vascular
 Due to Arterio-sclerosis
 Due to 92

9. Birthplace Linn Co MO
 (City, town, or county) (State or foreign country)

Other conditions none
 (Include pregnancy within 3 months of death)

10. Usual occupation Watchman - Nights

Major findings:
 Of operations —
 Of autopsy —

11. Industry or business Stephens College

12. Name W. T. MENAUGH
 13. Birthplace Rush Co Indiana
 (City, town, or county) (State or foreign country)

14. Maiden name Bertha Mc NAY
 15. Birthplace Sheridan Co MO
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Orpha Menaugh
 (b) Address 1608 Paris Road

17. (a) Burial (b) Date thereof AUG 20 1939
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial Memorial Park
 18. (a) Signature of funeral director R. O. WILLET
 (b) Address Columbia MO

19. (a) 8/19/39 (b) Allie Selby
 (Date received local registrar) (Registrar's signature)

PHYSICIAN
 Underline the cause to which death should be charged statistically.

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 place) (e) Means of injury ✓

23. Signature J. C. Suggs (M. D. certifies)
 Address Columbia Date signed: 8/19/39

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 me
....., Registered Apprentice No. me
working under my personal supervision.

Signed Lynna W. Sprinkle
Licensed Embalmer No. 4013
P. O. Address Columbia, 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, above space should be left blank.