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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 7 - 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5887

Registration District No. 73 Primary Registration District No. 3006 Registrar's No. 26

1. PLACE OF DEATH:

(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: NO 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ** (Specify whether
In this community LIFE
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County BOONE

(c) City or town COLUMBIA
(If outside city or town limits, write "RURAL")

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(d) Street No. 921 COATS ST
(If rural, give location)

(e) If foreign born, how long in U. S. A.? LIFE years.

3. (a) PRINT FULL NAME JOSEPH IRA MENTZER 532

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife SINGLE

6. (c) Age of husband or wife if alive ** years

7. Birth date of deceased NOV. 27 1871 (Month) (Day) (Year)

8. AGE: Years 68 Months 2 Days 9 If less than one day hr. min.

9. Birthplace LICKING COUNTY (City, town, or county) OHIO (State or foreign country) 1

10. Usual occupation FARMER

11. Industry or business "

FATHER
12. Name SAMUEL D. MENTZER
13. Birthplace LICKING CO (City, town, or county) OHIO (State or foreign country) 1

MOTHER
14. Maiden name MARY ROADS
15. Birthplace FAIRFIELD CO. (City, town, or county) OHIO (State or foreign country) 1

16. (a) Informant S H Klekamp
(b) Address 821 COATS ST. COLUMBIA

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof FEB. 9-40 (Month) (Day) (Year)
(c) Place: burial or cremation MEMORIAL PARK CEM.

18. (a) Signature of funeral director [signature]
(b) Address COLUMBIA MISSOURI

19. (a) 2/8/40 (Date received local registrar) (b) Allie Selby (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB. day 6th
year 1940 hour 4:30 minute P M.

21. I hereby certify that I attended the deceased from Feb. 4th, 1940 to Feb. 6th, 1940
that I last saw him alive on Feb. 6th, 1940
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Occlusion	un
~~Acute Bronchitis~~	known
Due to: Acute Bronchitis	
Due to: Arteriosclerosis	94 B
Other conditions (Include pregnancy within 3 months of death): Syncopal malaria finding	
Major findings: Of operations	
Of autopsy none	

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?
(Specify type of place)
While at work? (e) Means of injury

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23. Signature W. F. Birdsong (M. D. or other) N.O.
Address Columbia Mo. Date signed 2/8/40

(Licensed Embalmer's Statement on Reverse Side)

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 Lyman 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.