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FILED MAY 9 1940

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

14697

State File No. \_\_\_\_\_

Dr. Bedford

Registration District No. 213

Primary Registration District No. 3014

Registrar's No. 82

1. PLACE OF DEATH:

(a) County Cole  
(b) City or town Jefferson  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
502 East McCarty Street 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 65 years  
years, months or days

3. (a) PRINT FULL NAME Thomas Jefferson Menteer

8. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lucy Menteer 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased September 19 1862  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>6</u>	<u>16</u>	hr. _____ min.

9. Birthplace Cole County, Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Soda Water Worker

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name J.W. Menteer  
13. Birthplace Cole County, Mo.  
(City, town, or county) (State or foreign country)  
14. Maiden name Susan Rice  
15. Birthplace Cole County, Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Thos Menteer  
(b) Address Jefferson City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr-5-1940  
(Month) (Day) (Year)

(c) Place: burial or cremation Eugene, Missouri

18. (a) Signature of funeral director Thos J. Gordon  
(b) Address Jefferson City, Missouri

19. (a) 4/6/40 (Date received local registrar) (b) D. B. Spae (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Cole Mo (b) County Cole  
(c) City or town Jefferson City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 502 E McCarty  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4  
year 1940 hour 14 minute A M.

21. I hereby certify that I attended the deceased from 4-2- 1940, to 4/4/ 1940,  
that I last saw him alive on 4/3/ 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Disease

Due to \_\_\_\_\_  
Due to 14/10

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration  
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 D. B. Spae (M. D. or other) M.D.  
Address Jefferson City, Mo. Date signed 4/6/40

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

**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

*Thorp J Gordon*

Licensed Embalmer No. *1786*

P. O. Address *Jefferson City, Mo*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**