

Registration District No. 492

Primary Registration District No. 5632A

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Lincoln
(b) City or town Old Monroe Mo R R
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location) 2
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lincoln
(c) City or town Old Monroe Mo. Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME JANE ANN MENNEMEYER

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____

7. Birth date of deceased August 13 1936
(Month) (Day) (Year)

8. AGE: Years 4 Months 0 Days 22 If less than one day _____ hr. _____ min.

9. Birthplace Old Monroe Mo R R _____
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Herman Mennemeyer
13. Birthplace Old Monroe Mo
(City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name Frances
15. Birthplace Old Monroe Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Herman Mennemeyer

(b) Address Old Monroe Mo

17. (a) Burial (b) Date thereof Sept 7-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old Monroe Mo.

18. (a) Signature of funeral director Welch & Kautsky

(b) Address Old Monroe Mo

19. (a) 9/6/40 (b) P. Mennemeyer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 5th
year 1940 hour 6 minute 30 P.M.

21. I hereby certify that I attended the deceased from 9-5 to 9-5, 1940

that I last saw her alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death accidental

Due to wagon bed falling on body

Due to _____

Other conditions 1941
(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) accidental

(b) Date of occurrence 9-5-40

(c) Where did injury occur? home Lincoln Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 44

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

23. Signature P. Mennemeyer (M. D. or other) MD

Address Old Monroe Date signed 9/6/40

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

7

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, above space should be left blank.