

2-40
7-39
K23159

Registration District No. _____

Primary Registration District No. 1001

Registrar's No. 1146

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

RECEIVED NOV 12 1940

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution 2702 Osage
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community 10 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME LOUIS MENGES

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex male

5. Color or race White

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

6. (b) Name of husband or wife Bertha Menges

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

7. Birth date of deceased Jan. 11th. 1856
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>84</u>	<u>9</u>	<u>17</u>	hr. _____ min.

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

10. Usual occupation Farmer (retired)

11. Industry or business _____

12. Name Jacob Menges

13. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

14. Maiden name Unknown Schwenghouse

15. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Louis Menges

(b) Address Blair, Nebr.

17. (a) Burial (b) Date thereof 10-30-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director FLEEMAN & SON INC.

(b) Address 1946 Calhoun St. Joseph Mo.

19. (a) Oct 29, 1940 (b) H. J. Rothbush
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Buchanan

(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")

(d) Street No. 2702 Osage
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 28
year 1940 hour 4:45 minute 7 M.

21. I hereby certify that I attended the deceased from Oct 26, 1940 to Oct 28, 1940
that I last saw him alive on Oct 27, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of stomach

Due to _____

Due to _____ 46

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy Cancer of stomach

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? _____

23. Signature H. J. Rothbush (M. D. or other) _____
Address Blair, Nebr. Date signed 10-28-40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

myself

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

working under my personal supervision.

Signed *Geo E Daniel*

Licensed Embalmer No. *3300*

P. O. Address *St Joseph*

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, fact should be so stated above.