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REC AUG 15 1944

Registration District No. 105

Primary Registration District No. 5-124

Registrar's No. 12

1. PLACE OF DEATH:

(a) County Callaway

(b) City or town Rural St. Aubert

(c) Name of hospital or institution:
12-MI. South of Fulton, Mo.
(If not in hospital or institution, write street number or location)

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

3. (a) PRINT FULL NAME CHARLES Babbit MENEFEE

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 _____

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

7. Birth date of deceased August 20 1940
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

10 12 _____ hr. min

9. Birthplace Callaway County, Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation NONE

11. Industry or business NONE

12. Name THOMAS MENEFEE

13. Birthplace WITCHITA KANSAS
(City, town, or county) (State or foreign country)

14. Maiden name MABLE HENAGE

15. Birthplace FULTON MO
(City, town, or county) (State or foreign country)

16. (a) Informant Shames Menefee

(b) Address Mokane, Mo. P.R.

17. (a) BURIAL (b) Date thereof July 3 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hillcrest Fulton, Mo.

18. (a) Signature of funeral director Leg S. Wallace

(b) Address Fulton, Mo.

19. (a) July 3, 1944 (b) W.H. Williams
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 014

(a) State Missouri (b) County Callaway

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

(d) Street No. 12 MI. South of Fulton, Mo.
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3^d
year 1941 hour 2 minute 0 M.

21. I hereby certify that I attended the deceased from _____, 19____; that I last saw him live on July - 2^d, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Natural causes
Nephritis following
whooping cough.

Due to _____

Due to _____

Other conditions X
(Includes pregnancy within 3 months of death)

Major findings:
Of operations X

Of autopsy X

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) X

(b) Date of occurrence _____

(c) Where did injury occur? X
(City or town) (County) (State)

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

While at work? X (Specify type of place)

(e) Means of injury X

23. Signature S. W. Holman, coroner
(M.D. or other)

Address 8-E-8th ST. FULTON, Mo.

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

James C. Mudd

Licensed Embalmer No. *4152*

P. O. Address *Fulton 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, fact should be so stated above.