

FILED SEP 18 1941

Registration District No. 411

Primary Registration District No. 2002

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin

(c) Name of hospital or institution 825 Missouri  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community 26 years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

(d) Street No. 825 Missouri  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Frank E. Menapace

(b) If veteran, name war 1

(c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 21st  
year 1941 hour 1245 minute a. M.

4. Sex Male

5. Color of race White

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

(b) Name of husband or wife Hester M. Menapace

(c) Age of husband or wife if alive 48 years

7. Birth date of deceased June 18 1869  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_  
that I last saw h did not see him alive alive on \_\_\_\_\_ 19\_\_\_\_  
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>2</u>	<u>3</u>	hr. _____ min.

Immediate cause of death Coronary thrombosis

Due to Quercus enterococcus

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

10. Usual occupation grocerman

Due to 94A

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

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

12. Name Jack Menapace

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

14. Maiden name Mary Carter

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

Major findings: Of operations none

Of autopsy none

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant Hester M. Menapace

(b) Address 825 Missouri Joplin

17. (a) Buried (b) Date thereof Aug 23 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Paul's

18. (a) Signature of funeral director Walt City Land Co.

(b) Address Walt City Land Co.

19. (a) 8-22-41 (b) Ed W. James  
(Date received local registrar) (Registrar's signature)

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 Coronary

23. Signature R. H. Hester (M. D. or other) \_\_\_\_\_  
Address Carthage Mo. Date signed Aug 27 1941

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

19  
22  
9

OCT 31 1941

SEP 2 1941

SEP 17 1941

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 Edw. M. Johnston

Licensed Embalmer No. 3,922

P. O. Address Webb City, 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, fact should be so stated above.