S. No. 2
I—9-4-41
. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3809

FILED FEB 6 1942

Registration District No. 1941

Primary Registration District No. 4588

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Scott

(b) City or town Fornfelt Ill
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1 ✓
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ✓ (Specify whether
In this community 20 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Scott Co

(c) City or town Fornfelt Mo. 2
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Rosa Jane Menees

3. (b) If veteran, name war ✓

3. (c) Social Security No. 492-16-7245

4. Sex FM 1

5. Color or race W

6. (a) Single, widowed, married, divorced 1 M

6. (b) Name of husband or wife Louie Menees

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased Aug (Month) 21 (Day) 1900 (Year)

8. AGE: Years 41 Months 4 Days 10 If less than one day hr. min.

9. Birthplace Chaffee (City, town, or county) 6 Mo (State or foreign country)

10. Usual occupation House Wife

11. Industry or business ✓

FATHER
12. Name Alex Belk
13. Birthplace (City, town, or county) 0 Mo (State or foreign country)

MOTHER
14. Maiden name Stella Mills
15. Birthplace (City, town, or county) Ky 1 (State or foreign country)

16. (a) Informant Louie Menees

(b) Address Fornfelt Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan (Month) 3 (Day) 42 (Year)

(c) Place: burial or cremation Lightners Cem Illmo Mo

18. (a) Signature of funeral director Bisplinghoff + Hubbard

(b) Address Illmo Mo.

19. (a) Jan 3 1942 (Date received local registrar) (b) Paul Dry (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 1
year 1942 hour 8 minute 45 P.M.

21. I hereby certify that I attended the deceased from Jan. 1, 1942, to Jan. 1, 1942
that I last saw her alive on Jan. 1, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to

Due to 93d

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? 0
(Specify type of place)

While at work (e) Means of injury

23. Signature [illegible] (M. D. or other) M.D.

Address Illmo Mo. Date signed 1-3-42

720 (Licensed Embalmer's Statement on Reverse Side)

JAN 27 19[illegible]

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 Glenn Wilson

Licensed Embalmer No. 2828

P. O. Address Jackson 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.