

No. 2
1-4-41
17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **10179**
Registrar's No. **6**

LED APR 14 1943

Registration District No. **178**

Primary Registration District No. **5425**

1. PLACE OF DEATH:

(a) County. **Franklin**
(b) City or town. **Rural-Boeuf**
(c) Name of hospital or institution. **his residence**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. _____
(Specify whether
In this community. **4 years**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. **Missouri** (b) County. **Franklin**
(c) City or town. **Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. **8 Miles west of New Haven, Mo**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **FRANK HENRY MENKE**

3. (b) If veteran, name war. **No** 3. (c) Social Security No. **None**

4. Sex. **Male** 5. Color or race. **White** 6. (a) Single, widowed, married, divorced. **Married**

6. (b) Name of ~~husband~~ or wife. **Amanda** 6. (c) Age of ~~husband~~ wife if alive. **67** years

7. Birth date of deceased. **January 20 1870**
(Month) (Day) (Year)

8. AGE: Years **73** Months **1** Days **19** If less than one day _____ hr. _____ min.

9. Birthplace. **New Haven, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation. **Farming**

11. Industry or business. **Farmer**

12. Name. **John Henry Menke**

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

14. Maiden name. **Christina Granemann**

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

16. (a) Informant. **Mr. Walter Menke**

(b) Address. **New Haven, Missouri R.F.D. #2**

17. (a) **Burial** (b) Date thereof. **Mar 13 43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. **St. Peter's Evan Cemetery New Haven, Mo**

18. (a) Signature of funeral director. **German Schlemmer**

(b) Address. **Burgess**

19. (a) **Mar 11-1943** **Calvin England**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **3** day **9**
year **1943** hour **1** minute **50 P.M.**

21. I hereby certify that I attended the deceased from **Feb 11** 19**43** to **March 9** 19**43**
that I last saw him alive on **March 9** 19**43**
and that death occurred on the date and hour stated above.

Immediate cause of death. **Pneumonia** Duration **4 weeks**

Due to _____

Due to _____

Other conditions. **101**
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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? _____

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

23. Signature **B.P. Eisenmann** (M.D. or other) **MD.**

Address **New Haven, Mo.** Date signed **3/10/43**

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

MOTHER FATHER

268 (Licensed Embalmer's Statement on Reverse Side)

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.....

Alger H. Blumenthal

Licensed Embalmer No. 3160

P. O. Address Hermann, 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.