

FILED AUG 17 1943
Dr. Morris

Registration District No. **77**

Primary Registration District No. **3016**

1. PLACE OF DEATH:

(a) County Cole

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

(c) Name of hospital or institution:
St. Mary's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 weeks
(Specify whether years, months or days)

In this community 81 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole

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

(d) Street No. 313 Jackson Street
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Andrew Jackson Menteer

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

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 September 19 1862
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>80</u>	<u>10</u>	<u>20</u>	hr. _____ min.

9. Birthplace Cole County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired State Librarian

11. Industry or business _____

12. Name John W. Menteer

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

14. Maiden name Susan Elizabeth Rice

15. Birthplace Cole County, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Margaret M. Smith

(b) Address Jefferson City, Missouri

17. (a) Burial (b) Date thereof Aug-10-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Cemetery

18. (a) Signature of funeral director John J. Cannon

(b) Address Jefferson City, Missouri

19. (a) 8-9-43 (b) Thomas Menteer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 8
year 1943 hour 6:15 minute a. M.

21. I hereby certify that I attended the deceased from July 19 43 to Aug 8 43
that I last saw him alive on Aug 7, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Infarction
Arterio-sclerosis **2 weeks**

Due to: _____

Due to: Cardio-vascular-renal disease **5 years**

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

PHYSICIAN _____

Major findings: 131a

Of operations: _____

Of autopsy: _____

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)
Means of injury _____

23. Signature [Signature] (M. D. or other)
Address Jefferson City, Mo. signed Aug 9, 43

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

16
5
4

FEB 23 1944

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..... *Louis Quest*

Licensed Embalmer No. *14096*

P. O. Address *Jefferson City*

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.