

FILED OCT 13 1943 274

Registration District No. 274

Primary Registration District No. 3052

1. PLACE OF DEATH:

(a) County Pettis  
(b) City or town Sedalia  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
805 W. 7th  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis  
(c) City or town Sedalia  
(If outside city or town limits, write "RURAL")  
(d) Street No. 805 W. 7th  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country. -

3. (a) PRINT FULL NAME George William 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 December 2 1866  
(Month) (Day) (Year)

8. AGE: Years 76 Months 9 Days 20 If less than one day - hr. - min.

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

10. Usual occupation Accountant

11. Industry or business

12. Name John W. Menefee

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

14. Maiden name Sarah Mildred Marshall

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

16. (a) Informant John Menefee

(b) Address Sedalia, Mo

17. (a) Burial (b) Date thereof 9-23-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director McLaughlin Bros.

(b) Address Sedalia, Missouri

19. (a) 9/23/43 (b) mo Anna Bugler  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 22 year 1943 hour 4:30 minute - A. M.

21. I hereby certify that I attended the deceased from past 3 years to Sept. 22 1943 that I last saw him alive on Sept. 21, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral apoplexy, hemiplegia, 3rd stroke 1st stroke 3 years ago  
Due to hypertension

Due to 520

Other conditions Adeno. Carcinoma, lungs  
(Include pregnancy within 3 months of death)  
Wole right eye  
Major findings: no operation

Of operations -  
Of autopsy as above

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) no  
(b) Date of occurrence none  
(c) Where did injury occur no injury  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? no injury  
While at work - (Specify type of place) (e) Means of injury -  
23. Signature C. P. Brader (M. D. or other)  
Address Sedalia, Mo Date signed 9/23/43

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

80  
6  
4

MOTHER FATHER

1022

RECEIVED

District Health Officer No. 3,

District File Number.....

Date Filed

10-12-43

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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.....

Robert H Reed

Licensed Embalmer No.....

3745

P. O. Address.....

Sedalia 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.