

FILED APR 10 1944

2010

Registration District No. 294

Primary Registration District No. 2010

Registrar's No. 121

1. PLACE OF DEATH:

(a) County Cape Girardeau County
(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Francis Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days
In this community Life 4 days Specify whether years, months or days

3. (a) PRINT FULL NAME Joseph Adam Menz
3. (b) If veteran, name war No.
3. (c) Social Security No. none

4. Sex Male 5. Color or race Wh. 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ida Mary 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Nov 23 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 4 0 hr. min.

9. Birthplace New Hamburg, Mo. (City, town, or county) (State or foreign country) 0

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER { 12. Name Thateous Menz
13. Birthplace Germany. (City, town, or county) (State or foreign country) 4
14. Maiden name Mary Hilbert
15. Birthplace Germany (City, town, or county) (State or foreign country) 4

16. (a) Informant Wife Ida Mary Menz

(b) Address Oran R.F.C. Mo.

17. (a) Oran Catholic Cemetary (b) Date thereof 3/25/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oran Catholic Cemetary

18. (a) Signature of funeral director Hessner Funeral Home

(b) Address Oran, Missouri

19. (a) 4-4-44 (b) P. H. Phelps
(Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: Scott 100
(a) State Missouri (b) County Oran, Missouri
(c) City or town Oran R.F.D. Mo. (If outside city or town limits, write "RURAL") 0
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23
year 1944 hour 12.14 minute P. M.

21. I hereby certify that I attended the deceased from 3/19 1944, to 3-23 1944
that I last saw him alive on 3/23 1944
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral apoplexy

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) §2a!

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? _____

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

23. Signature W. H. Phelps (M. D. or other) MD
Address Cape Girardeau Date signed 4/9/44

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

1014

RECEIVED

District Health Officer No. 4
District File Number 444-3680
Date Filed 4-7-44

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

W. J. Estes

Licensed Embalmer No.

3568

P. O. Address

Capt. Gumbel

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.