S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED JUL 11 1944
DEPARTMENT OF COMMERCE
FILED JUL 11 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22044

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 197

1. PLACE OF DEATH:

(a) County Marion.

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

(c) Name of hospital or institution: Levering Hospital. (If not in hospital or institution, write street number or location) 0

(d) Length of stay: In hospital or institution 2 Weeks. (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ralls, 87

(c) City or town Perry, Missouri. (If outside city or town limits, write "RURAL") 0

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

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

If yes, name country

3. (a) PRINT FULL NAME Dr Charles D. Menefee.

3. (b) If veteran, name war

3. (c) Social Security No. None.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased Sept. 12, 1876 (Month) (Day) (Year)

8. AGE: Years 67 Months 8 Days 20 If less than one day hr. min.

9. Birthplace Perry, (City, town, or county) 0 Missouri. (State or foreign country)

10. Usual occupation M.D.

11. Industry or business M.D.

FATHER
12. Name Richard Menefee.
13. Birthplace Ralls County, (City, town, or county) 0 Missouri. (State or foreign country)

MOTHER
14. Maiden name Bettie Kemp.
15. Birthplace Ralls County, (City, town, or county) 0 Missouri. (State or foreign country)

16. (a) Informant N. B. Young

(b) Address Perry, Missouri.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June, 4, 1944 (Month) (Day) (Year)

(c) Place: burial or cremation Perry, Mo. Lickcreek Cemetery.

18. (a) Signature of funeral director Clyde Dilley

(b) Address Perry, Missouri.

19. (a) 6-7-44 (Date received local registrar) (b) R. W. Connor (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 2nd, year 1944 hour 6:40 minute A. M.

21. I hereby certify that I attended the deceased from May 15, 1944 to June 2nd, 1944 that I last saw him alive on June 1st, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Fibrillation of Heart

Due to Heart Block - Coronary Thrombosis

Due to Arteriosclerosis Ch. nephritis

Other conditions Internal Hypertension (Include pregnancy within 3 months of death)

Duration

Major findings:
Of operations no

Of autopsy

131 b

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

(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 D. Hanchester (M. D.)

Address Hannibal, Mo. Date signed 6/4/44

1146

(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 Clyde Wilkey

Licensed Embalmer No. 3820

P. O. Address Perry, Iowa

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.