

FILED NOV 6 1944

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 832

1. PLACE OF DEATH:

(a) County GREENE  
(b) City or town Missouri Springfield  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
O'Reilly General Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 58 days  
In this community 58 days  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State North Dakota (b) County Pembina  
(c) City or town Neché RURAL  
(If outside city or town limits, write "RURAL")  
(d) Street No. Rural Route 2  
(If rural, give location)  
(e) Citizen of foreign country? — (Yes or No)  
If yes, name country —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 19th  
year 1944 hour 5 minute 30 A. M.

21. I hereby certify that I attended the deceased from August 23  
1944 to October 19 1944;  
that I last saw him alive on October 19 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute respiratory failure  
Duration 20 min.

Due to Transverse myelitis secondary to fracture of 5th cervical vertebra 99 days

Due to —  
Other conditions Cord bladder  
(Include pregnancy within 3 months of death)

Major findings: Compression of cord at level of 5th cervical vertebra.  
Of autopsies Same as clinical findings with addition of broncho-pneumonia.  
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). Accident  
(b) Date of occurrence 13 July 1944  
(c) Where did injury occur? Bougainville, SW Pacific  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
While swimming in ocean.

While at work — (Specify type of place)  
Means of injury Swimming  
23. Signature Dr. S. St. Lt, MC  
(M.D. or other)  
Address O'Reilly GH, Springfield, Mo. Date signed 10-19-44

3. (a) PRINT FULL NAME WILLIAM F. MENKE

3. (b) If veteran, name war World War II 3. (c) Social Security No. UNK.

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

6. (b) Name of husband or wife UNK 6. (c) Age of husband or wife if alive Single years

7. Birth date of deceased July 9 1913  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
31 3 10 hr. — min.

9. Birthplace Neché | North Dakota  
(City, town, or county) (State or foreign country)

10. Usual occupation Mechanic

11. Industry or business —

MOTHER FATHER { 12. Name Gustav Menke  
13. Birthplace UNK. 6 Russia  
(City, town, or county) (State or foreign country)  
14. Maiden name Minnie Schuppert  
15. Birthplace UNK. 4 Austria  
(City, town, or county) (State or foreign country)

16. (a) Informant Information taken from soldier's  
(b) Address Service Record.

17. (a) Removal (b) Date thereof 20 Oct 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Neché, North Dakota

18. (a) Signature of funeral director H.H. Lohmeyer

(b) Address Springfield, Mo.

19. (a) 10-20-44 (b) S. W. Handley  
(Date received local registrar) (Registrar's signature)

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

39  
2  
6

A report submitted to the Bureau of the Census.

JUL 23 1949

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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 *L. Edwin Eorman*

Licensed Embalmer No. *2177*

P. O. Address *Springfield, 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.