. S. No. 2
DM—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 5 1945

Registration District No. [illegible]

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13339

Primary Registration District No. 4182

Registrar's No. 9

1. PLACE OF DEATH:
(a) County FRANKLIN
(b) City or town NEW HAVEN
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community Allh

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County FRANKLIN
(c) City or town NEW HAVEN
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (~~Yes or~~ No)
If yes, name country

3. (a) PRINT FULL NAME CHRIST HENRY MENKE
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex MALE
5. Color or race W
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife CHARLOTTE MENKE
6. (c) Age of husband or wife if alive years
7. Birth date of deceased APRIL 8 (Month) 18 (Day) 60 (Year)

8. AGE: Years 85 Months — Days 16 If less than one day hr. min.

9. Birthplace NEW HAVEN (City, town, or county) Mo (State or foreign country)
10. Usual occupation RETIRED
11. Industry or business
FATHER 12. Name JOHN MENKE
FATHER 13. Birthplace GERMANY (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name CHRISTINA GRANNEMANN
MOTHER 15. Birthplace GERMANY (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Chas Schwinther
(b) Address New Haven Mo
17. (a) BURIAL (Burial, ~~cremation, or removal~~) (b) Date thereof 4 29 45 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ NEW HAVEN CEM
18. (a) Signature of funeral director L. C. Frey & Son
(b) Address New Haven Mo
19. (a) Apr 28/45 (Date received local registrar) (b) Clara England (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 24 year 1945 hour 9 minute P M.
21. I hereby certify that I attended the deceased from December 19 43 to April 24 1945 that I last saw him alive on April 24 1945 and that death occurred on the date and hour stated above.
Immediate cause of death Bowel obstruction 5 days
Due to
Due to
Other conditions (Include pregnancy within 3 months of death) Congestive heart failure 2 yrs. due to prostatic hypertrophy
Major findings: Of operations no operation
Of autopsy no autopsy

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 B. P. Eisenmann (M. D. or other) M.D.
Address New Haven, Mo Date signed 4/25/45

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 5-4-45

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 Earl Fertig

Licensed Embalmer No. 3385

P. O. Address New Haven 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.