S. No. 2
OM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

FILED AUG 9 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

22869

State File No.

Registration District No. 44 Primary Registration District No. 4061 Registrar's No. 17

1. PLACE OF DEATH:

(a) County Caldwell,
(b) City or town Braymer,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City of Braymer, /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community Past Fifty years,
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Caldwell, 13
(c) City or town Braymer, 0
(If outside city or town limits, write "RURAL")
(d) Street No. City of Braymer, 0
(If rural, give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country — —

3. (a) PRINT FULL NAME Maggie Elizabeth Menefee
3. (b) If veteran, name war — 3. (c) Social Security No. —
4. Sex Female, 5. Color or race White, 6. (a) Single, widowed, married, divorced Married,
6. (b) Name of husband or wife Milton Menefee, 6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased April-22nd.,-1866, (Month) (Day) (Year)

8. AGE: Years 79 Months 5 Days 26 If less than one day — hr. — min.

9. Birthplace Bloomington,- Ills., / (City, town, or county) (State or foreign country)
10. Usual occupation House-Wife,
11. Industry or business House Work,
FATHER 12. Name Matthew Haughton,
13. Birthplace England, 4 (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Bessie Elizabeth
15. Birthplace Ireland. 4 (City, town, or county) (State or foreign country)
16. (a) Informant Milton Menefee,
(b) Address Braymer, Mo.,
17. (a) Burial, (Burial, cremation, or removal) (b) Date thereof Oct.-20-1945 (Month) (Day) (Year)
(c) Place: burial or cremation Plymouth Cemetery,
18. (a) Signature of funeral director E. P. Michael
(b) Address Braymer, Mo.
19. (a) July 7-45 (Date received local registrar) (b) Joan Mills (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day
year 1945 hour 2 minute 30 M.
21. I hereby certify that I attended the deceased from Sept, 1945 to Oct, 1945
that I last saw her alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma right lung — Duration 14 mo.
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings: Of operations None 478
Of autopsy None

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 None
(c) Where did injury occur? None (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 [illegible] M.D. or other
Address Braymer Mo. Date signed

36 (Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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~~ ~~[illegible]~~, Registered Apprentice No. ~~[illegible]~~, working under my personal supervision.

Signed Gene C. Michael

Licensed Embalmer No. 4340,

P. O. Address Braymer, 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.