

S. No. 2
M-5-43
v. 5-17-39
I X36671

FILED 128 9 1946

Registration District No. **128** Primary Registration District No. **2000**

Registrar's No. **771**

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

1. PLACE OF DEATH:

(a) County **GREENE**
 (b) City or town **Springfield**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
962 W. Pacific St.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **27 Years**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **ANGIE MENKE**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

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

6. (b) Name of husband or wife **Fred Menke** 6. (c) Age of husband or wife if alive **75** years

7. Birth date of deceased **March 23 1878**
(Month) (Day) (Year)

8. AGE: **68** ~~70~~ **6** **1**
Years Months Days If less than one day hr. min.

9. Birthplace **Randolph County, Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **None**

11. Industry or business **None**

MOTHER FATHER

12. Name **William Mahan**

13. Birthplace **No record** **No record**
(City, town, or county) (State or foreign country)

14. Maiden name **(Unknown) Oliver**

15. Birthplace **No record** **No record**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mr. Fred Menke**
 (b) Address **962 W. Pacific St., Springfield, Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Sept. 26, 1946**
(Month) (Day) (Year)

(c) Place: burial or cremation **East Lawn Cemetery**

18. (a) Signature of funeral director **Fred C. Thieme**
 (b) Address **Springfield, Missouri**

19. (a) **9-25-46** (b) **W. S. Handley M.D.**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Greene** **39**

(c) City or town **Springfield** **2**
(If outside city or town limits, write "RURAL")

(d) Street No. **962 W. Pacific St.** **6**
(If rural, give location)

(e) Citizen of foreign country? **No** **0**
(Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **September** day **24th**
 year **1946** hour **12:45 P.M.** minute _____ M. _____

21. I hereby certify that I attended the deceased from **8-28**, 19 **46** to **9-24**, 19 **46**
 that I last saw her alive on **9-6**, 19 **46**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Abdominal heart**
Chronic Myocarditis

Due to _____

Due to _____

Other conditions **Serility**
(Include pregnancy within 3 months of death)

Major findings: **93 D**

Of operations _____

Of 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? _____

While at work? _____ (Specify type of place)

(c) Means of injury **0**

23. Signature **C. E. Feller** (M. D. or other) **0**
 Address **Springfield, Mo.** Date signed **9/25/46**

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.....

Ralph W. Thine

Licensed Embalmer No. 3581

P. O. Address. Springfield, Missouri

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.

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