. No. 2
I—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 24 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 32605

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 145-

1. PLACE OF DEATH:

(a) County Audrain

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

(c) Name of hospital or institution: 609 W. Love /
(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 26 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain 4

(c) City or town Mexico 1
(If outside city or town limits, write "RURAL")

(d) Street No. 609 W. Love 2
(If rural, give location) 8

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

If yes, name country

3. (a) PRINT FULL NAME Juanita Frances Mentze

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 Douglas Mentze

6. (c) Age of husband or wife if alive 26 years

7. Birth date of deceased March (Month) 1 (Day) 1920 (Year)

8. AGE: Years 26 Months 7 Days 12 If less than one day hr. min.

9. Birthplace Audrain County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation housewife

11. Industry or business

FATHER 12. Name William E. Zuck

13. Birthplace Lexington (City, town, or county) Illinois / (State or foreign country)

MOTHER 14. Maiden name Katherine Hill

15. Birthplace Illinois / (City, town, or county) (State or foreign country)

16. (a) Informant Douglas Mentze

(b) Address Mexico, Missouri

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 10-17-1946 (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director Earl E. Pruitt

(b) Address Mexico, Missouri

19. (a) 10/16/46 (Date received local registrar) (b) Blanche Neely (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 13 year 1946 hour 3 minute M.

21. I hereby certify that I attended the deceased from Coroner's Case 19 to 19; that I last saw h alive on 19; and that death occurred on the date and hour stated above.

Immediate cause of death Shock, Ruptured Right Ovarian Tube. / Duration

Due to Ectopic Pregnancy.

Due to

Other conditions None.
(Include pregnancy within 3 months of death)

Major findings: Of operations Ruptured Ovarian Tube Right.

Of autopsy 142 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) —

(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? No (e) Means of injury None

23. Signature L. C. Adams (M. D. or other) Coroner 3

Address Mexico, Mo. Date signed 10-14-46

9 (Licensed Embalmer's Statement on Reverse Side)

NOV 24 1947

RECEIVED
District Health Officer No. 10
District File Number 10-46-1946
Date Filed OCT 23 1946

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

Earl E. Precht, Registered Apprentice No.

working under my personal supervision.

Signed Earl E. Precht

Licensed Embalmer No. 3189

P. O. Address Mexico, 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.