No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 24 1947

Registration District No. 32

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4079

State File No. 23625

Registrar's No. 51

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

1. PLACE OF DEATH:
(a) County Cape Girardeau
(b) City or town Randles
(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
In this community 28 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 16
(a) State Mo (b) County Cape Girardeau 0
(c) City or town Randles 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country ✓

3. (a) PRINT FULL NAME Martin Menz
3. (b) If veteran, name war —
3. (c) Social Security No. —

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Elizabeth Smitty Menz
6. (c) Age of husband or wife if alive 78 years
7. Birth date of deceased Sep (Month) 27 (Day) 1863 (Year)

8. AGE: Years 83 Months 9 Days 16 If less than one day hr. min.

9. Birthplace Scott Co (City, town, or county) Mo (State or foreign country) 0
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name Martin Menz
13. Birthplace — (City, town, or county) Germany (State or foreign country) 4
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country) 0
16. (a) Informant Rube Menz
(b) Address Randles Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 11 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Friend Cem Oran Mo
18. (a) Signature of funeral director Bisplinghoff Funeral Home
(b) Address Chaffee Mo
19. (a) 7-16-47 (Date received local registrar) (b) D. G. Suber (Registrar's signature) 42

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13
year 1947 hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased from July 6, 1947 to July 13, 1947;
that I last saw him alive on July 12, 1947;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Apoplexy	
Due to Arteriosclerosis	
Due to Senility	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause of 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) 2
While at work? (e) Means of injury

23. Signature E. C. Masters (M. D. or other) D.O.
Address Advance, Mo. Date signed 7/15/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

[illegible]trict Health Officer No. 4

[illegible] File Number 747-969

Date Filed 7-23-47

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 Jack T Burnett Registered Apprentice No. 5-1-6 working under my personal supervision.

Mamie Signed Bispling hoff

Licensed Embalmer No. 3242

P. O. Address Choffee

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.