

S. No. 2  
DM-5-43  
v. 5-17-39  
I X36871

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 28564  
Registrar's No. 270

FILED SEP 10 1947

Registration District No. 274

Primary Registration District No. 3052

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

1. PLACE OF DEATH:

(a) County Pettis

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

(c) Name of hospital or institution:  
Terry Hotel 1  
(If not a hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community Life  
years, months or days

3. (a) PRINT FULL NAME Joseph W. Menefee

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 widowed

6. (b) Name of husband or wife Jennie

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

7. Birth date of deceased July 6 1874  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

73 0 24 hr. min.

9. Birthplace Denver Colorado  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Contractor

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name George T. Menefee 9

13. Birthplace unknown 9  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Louise Thorpe

15. Birthplace unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Henry Menefee

(b) Address 601 W. 7th Sedalia

17. (a) Burial (b) Date thereof 8-1-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director McLaughlin Bros

(b) Address Sedalia, Mo.

19. (a) 8-1-47 (b) Betty Yeager  
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis 80

(c) City or town Sedalia 6  
(If outside city or town limits, write "RURAL")

(d) Street No. Terry Hotel 4  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30  
year 1947 hour 10:00 minute \_\_\_\_\_ A.M.

21. I hereby certify that I attended the deceased from Jan 46 to July 30, 1947  
that I last saw him alive on July 30, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis, sudden

Due to arterio sclerosis

Due to \_\_\_\_\_

Other condition Ch. Myocarditis  
(Include pregnancy within 3 months of death)

PHYSICIAN \_\_\_\_\_

Major findings:  
Of operations \_\_\_\_\_

Of autopsy AMI

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 \_\_\_\_\_

23. Signature W. B. Beaman (M. D. or other) MD  
Address Sedalia, Mo. Date signed 8/1/47

**RECEIVED**

District Health Officer No. 8,

District File Number.....

Date Filed 9-9-47

---

---

**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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No. 3153

P. O. Address..... S. J. Daley

**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.