

No. 2
15-43
39

FILED DEC 4 1947

Registration District No. **219**

Primary Registration District No. **5087**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Bates

(b) City or town SPRAGUE
(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 _____ years, months or days 16 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Bates

(c) City or town SPRAGUE
(If outside city or town limits, write "RURAL") _____

(d) Street No. _____ (If rural, give location) _____

(e) Citizen of foreign country? No (Yes or No) _____
If yes, name country _____

3. (a) PRINT FULL NAME MARIA CAROLINA MENNENACH

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced 03

6. (b) Name of husband or wife William Mennenach 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov 23 1875
(Month) (Day) (Year)

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

71 11 22 hr. min.

9. Birthplace Johnson Co. Nebr.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name William Kuhlman

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

14. Maiden name UNKNOWN

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

16. (a) Informant Irvin Ulrich
(b) Address Sprague, 7710

17. (a) Buried (b) Date thereof 11-18-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenland

18. (a) Signature of funeral director Booth

(b) Address Ricky Hill, 7710

19. (a) Nov 20 1947 (b) Fern H. Martin
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 15
year 1947 hour 9 minute 15 P.M.

21. I hereby certify that I attended the deceased from May 1 1947 to Nov 15 1947
that I last saw him/her on Nov 15 1947
and that death occurred on the date and hour stated above.

Immediate cause of death _____
James Stewart
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: _____
Of operations _____
Of autopsy 50

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)
(e) Means of injury _____

23. Signature James Stewart (M. D. or other) _____
Address Ricky Hill Date signed 11/18/47

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

MOTHER FATHER

JAN 2 1948

RECEIVED
District Health Officer No. 7,
Dissected File Number 11-49-1386
Date Filed 12-3-47

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.....

Harold M Douglas, Registered Apprentice No. *410*
working under my personal supervision.

Signed *John L Underwood*
Licensed Embalmer No. *3585*
P. O. Address *Butler 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.