. S. No. 2
OM—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1598

FILED JAN 19 1948

Registration District No. 164

Primary Registration District No. 3032

Registrar's No. 3

51
2
2

1. PLACE OF DEATH:
(a) County Johnson
(b) City or town Warrensburg
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 116 Ming
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ~~Life~~ 83 yr.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Johnson 51
(c) City or town Warrensburg 2
(If outside city or town limits, write "RURAL")
(d) Street No. 116 Ming 2
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Cora Gilkeson Menefee
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow 2
6. (b) Name of husband or wife Frank Menefee
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased April (Month) 4 (Day) 1864 (Year)

8. AGE:	Years	Months	Days	If less than one day
	83	9	22	..... hr. ..... min.

9. Birthplace Warrensburg (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Housewife
11. Industry or business None
FATHER
12. Name A. H. Gilkeson
13. Birthplace Unknown (City, town, or county) Kentucky (State or foreign country)
MOTHER
14. Maiden name Mary Jane Emerson
15. Birthplace Unknown (City, town, or county) Kentucky (State or foreign country)
16. (a) Informant Hugh Gilkeson
(b) Address Warrensburg Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-8-48 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Hill
18. (a) Signature of funeral director Sweeney-Phillips
(b) Address Warrensburg Mo.
19. (a) Jan. 7, 1948 (Date received local registrar) (b) Savannah Antefield (Registrar's signature) 1/19

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 6th
year 1948 hour 10 45 minute 45 M.
21. I hereby certify that I attended the deceased from Jan 6, 1945 to Jan 6, 1948
that I last saw her alive on Jan 6, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Pernicious Anaemia

Due to

Due to

Other conditions Ischemic Myocarditis
(Include pregnancy within 3 months of death)

Major findings:
Of operations ✓
Of autopsy ✓

Duration

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)
While at work? (e) Means of injury 0
Signature L. W. Crowe M.D. (M. D. or other)
Address Knob Noster Date signed Jan 8-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

JAN 29 1948

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 W. Jack O'Phillips, Registered Apprentice No. 14, working under my personal supervision.

Signed Earl Priest

Licensed Embalmer No. 3878

P. O. Address Warrensburg 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.