

No. 300
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FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED DEC 30 1948

STANDARD CERTIFICATE OF DEATH

State File No. 42168

Registration District No. 228

Primary Registration District No. 3073

Registrar's No. 37

1. PLACE OF DEATH:
(a) County Scott
(b) City or town Chaffee
(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
In this community All of life (Specify whether years, months or days)

3: (a) PRINT FULL NAME Elizabeth Menz
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, widow 2
6. (b) Name of husband or wife Samuel Menz
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Nov 30 1864 (Month) (Day) (Year)

8. AGE: Years 84 Months 0 Days 2 If less than one day hr. min.

9. Birthplace: Rehso Mo (City, town, or county) (State or foreign country)

10. Usual occupation House Keeper

11. Industry or business

12. Name Lawrence Hoegher
13. Birthplace Aksace horraine (City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Schott
15. Birthplace Aksace horraine (City, town, or county) (State or foreign country)

16. (a) Informant Arthur Menz
(b) Address Cape Girardeau Mo
17. (a) Burial (b) Date thereof 12-6-48 (Month) (Day) (Year)
(c) Place: burial or cremation St Augustine Rehso Mo

18. (a) Signature of funeral director Bishop Hight Funeral Home
(b) Address Chaffee, Mo
19. (a) 12/18/48 (b) H. B. MacCreary (Date received by local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Scott
(c) City or town Chaffee
(d) Street No.
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 2 year 1948 hour 7 minute 45 P M.
21. I hereby certify that I attended the deceased from July 3 1948 to Dec 7 1948 that I last saw her alive on Dec 7 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis
Due to high blood pressure
Due to old age
Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

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 W. D. Darault (M. D. or other) TMA
Address Glenville, Mo. Date signed Dec 14 1948

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

PHYSICIAN
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Office No. 2,

District File Number 124-1218

Date Filed 12-2-48

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

Jack J. Swinett

Licensed Embalmer No. 4473

P. O. Address Chaffee, 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.