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FILED APR 23 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11845

24

BIRTH NO. _____ REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 3012 Registrar's No. 46

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Nebraska</u> b. COUNTY <u>York 999</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Excelsior Springs, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Bradshaw</u>	
c. LENGTH OF STAY (in this place) <u>2 yrs 11 M. 21 days</u>		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Veterans Administration Hospital</u>		e. CITY OR TOWN _____	

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3. NAME OF DECEASED (Type or Print) a. (First) <u>Duane</u> b. (Middle) <u>G.</u> c. (Last) <u>Menssen</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 15, 1949</u>		
5. SEX <u>Male 0</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>April 2, 1921</u>	9. AGE (In years last birthday) <u>28</u>	10. IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____		10b. KIND OF BUSINESS OR INDUSTRY <u>Plasterer</u>		11. BIRTHPLACE (State or foreign country) <u>Bradshaw, Nebraska /</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>					

13a. FATHER'S NAME <u>George Menssen</u>	13b. MOTHER'S MAIDEN NAME <u>Adelie Salchow</u>	14. NAME OF HUSBAND OR WIFE _____
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>	16. SOCIAL SECURITY NO. <u>WW II</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Hospital Records</u> ADDRESS <u>Excelsior Springs</u>
(If yes, give war or dates of service)	(If yes, give war or dates of service)	<u>Veterans Administration Hosp. MO</u>

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Tuberculosis, pulmonary, reiff. type,</u>		ANTECEDENT CAUSES <u>far advanced, active</u>		<u>4 1/2 years</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) _____			
		DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.			

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19a. DATE OF OPERATION <u>July 10, 1948</u>	19b. MAJOR FINDINGS OF OPERATION <u>Rt. Phreniclasia (2)</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from Apr. 24, 1946 to April 15, 1949, that I last saw the deceased alive on April 15, 1949, and that death occurred at 4:10 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>S. C. Stroff</u> (Type or title)	23b. ADDRESS <u>Veterans Administration Hospital, Excelsior Springs, MO</u>	23c. DATE SIGNED <u>4/15/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>4/16/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Cemetery near Bradshaw, Neb.</u>	24d. LOCATION (City, town, or county) (State) <u>Bradshaw, Nebraska</u>
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DATE REC'D BY LOCAL REG. <u>4/16/49</u>	REGISTRAR'S SIGNATURE <u>Caroline Hutchings</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>HOPE FUNERAL HOME</u> ADDRESS <u>Excelsior Springs, MO</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. :

District File Number

Date Filed 4-22-49

JUN 23 1949

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

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed James A. Moles
Licensed Embalmer No. 3296

P. O. Address Ex Springs

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.