

THE DIVISION OF HEALTH OF MISSOURI

41739

FILED JAN 3 1950

STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. <u>81543-49</u>		REG. DIST. NO. <u>209</u>		PRIMARY REG. DIST. NO. <u>3043</u>		Registrar's No. <u>448</u>	
1. PLACE OF DEATH a. COUNTY <u>Marion</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u> <u>64</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Hannibal</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>Hannibal</u> <u>31</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Levering Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>2706 St. Marys</u> <u>10</u>			
3. NAME OF DECEASED (Type or Print) <u>Julie Kathlyn Menefee</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>December 19, 1949</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u> <u>✓</u>		8. DATE OF BIRTH <u>December 17, 1949</u>	
9. AGE (In years last birthday) <u>2</u>		IF UNDER 1 YEAR Months <u>2</u> Days <u>2</u>		IF UNDER 12 HRS. Hours <u>2</u> Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>Hannibal Missouri</u> <u>D</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>James E. Menefee</u>		13b. MOTHER'S MAIDEN NAME <u>Dorothea Rowland</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>James E. Menefee Hannibal Missouri</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Erythroblastosis foetalis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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. <u>7700</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK? <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>17 Dec, 1949</u> to <u>Dec 19, 1949</u> , that I last saw the deceased alive on <u>19 Dec, 1949</u> , and that death occurred at <u>11:45 m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>M.D. J. Keller</u>				23b. ADDRESS <u>Hannibal Mo</u>		23c. DATE SIGNED <u>Dec 21/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12/21/1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mount Olivet</u>		24d. LOCATION (City, town, or county) (State) <u>Hannibal Missouri</u>	
DATE REC'D BY LOCAL REG. <u>12-22-49</u>		REGISTRAR'S SIGNATURE <u>Dr. E. M. Lucke</u>		25. JUNE 1949 DIRECTOR'S SIGNATURE <u>H. Crawford</u>		ADDRESS <u>Hannibal Missouri</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DEC 29 1949
MARION CO. HEALTH DEPT.
DATE FILED DEC 31 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

John S. Ward

Licensed Embalmer No. 4540

P. O. Address Hannibal 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.