

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1846

544

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jackson</u>                                       |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give town) <u>Kansas City</u> |  | c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>   |  |
| c. LENGTH OF STAY (in this place) <u>30 yrs.</u>                                    |  | d. STREET ADDRESS (If rural, give location) <u>3452 Penn</u>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital No. 1</u>               |  |   |  |

3478

|  |                              |  |   |  |   |
|--|------------------------------|--|---|--|---|
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <u>John</u> b. (Middle) <u>C</u> c. (Last) <u>Menke</u> |                              |  | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><u>2-1-51</u> |  |   |
| 5. SEX<br><u>M</u>   | 6. COLOR OR RACE<br><u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Widower</u> | 8. DATE OF BIRTH<br><u>Jan 1873</u>                       | 9. AGE (In years last birthday)<br><u>77</u> | IF UNDER 1 YEAR<br>Months Days Hours Min. |

|   |  |  |   |  |  |   |  |
|---|--|--|---|--|--|---|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Cabinet Maker</u> |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>FURN STORE OWNER</u> |   | 11. BIRTHPLACE (State or foreign country)<br><u>St Louis, Mo</u> |  | 12. CITIZEN OF WHAT COUNTRY?<br><u>U. S. A.</u> |  |
| 13a. FATHER'S NAME<br><u>John</u>   |  |  | 13b. MOTHER'S MAIDEN NAME<br><u>UNKNOWN</u> |  | 14. NAME OF HUSBAND OR WIFE<br><u>Mary Ellen</u> |   |  |

|   |  |                                  |  |  |  |  |  |                                   |  |
|---|--|----------------------------------|--|--|--|--|--|-----------------------------------|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> |  | 16. SOCIAL SECURITY NO. <u>?</u> |  | 17. INFORMANT'S SIGNATURE OR NAME<br><u>Mrs Mary G. Lynn</u> |  |  |  | ADDRESS<br><u>3226 Washington</u> |  |
|---|--|----------------------------------|--|--|--|--|--|-----------------------------------|--|

|   |  |  |  |  |  |  |  |                                  |  |
|---|--|--|--|--|--|--|--|----------------------------------|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. |  | MEDICAL CERTIFICATION  |  |  |  |  |  | INTERVAL BETWEEN ONSET AND DEATH |  |
|   |  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hemorrhagic diathesis</u>  |  |  |  |  |  |                                  |  |
|   |  | ANTECEDENT CAUSES<br>DUE TO (b) <u>Undetermined cause</u><br><i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> |  |  |  |  |  |                                  |  |
|   |  | DUE TO (c)   |  |  |  |  |  |                                  |  |
|   |  | II. OTHER SIGNIFICANT CONDITIONS<br><i>Conditions contributing to the death but not related to the disease or condition causing death.</i>                           |  |  |  |  |  | <u>296x</u>                      |  |

|                        |  |                                  |  |  |  |  |  |   |  |
|------------------------|--|----------------------------------|--|--|--|--|--|---|--|
| 19a. DATE OF OPERATION |  | 19b. MAJOR FINDINGS OF OPERATION |  |  |  |  |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
|------------------------|--|----------------------------------|--|--|--|--|--|---|--|

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)        |  | 21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.)               |  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  | 21h. HOW DID INJURY OCCUR?                      |  |

22. I hereby certify that I attended the deceased from Jan. 22, 1951, to Feb. 1, 1951, that I last saw the deceased alive on Feb. 1, 1951, and that death occurred at 9 A. m., from the causes and on the date stated above.

|                                     |  |                   |  |  |  |                                   |  |
|-------------------------------------|--|-------------------|--|--|--|-----------------------------------|--|
| 23a. SIGNATURE<br><u>B.I. Burns</u> |  | (Degree or title) |  | 23b. ADDRESS<br><u>24th &amp; Cherry</u> |  | 23c. DATE SIGNED<br><u>2-1-51</u> |  |
|-------------------------------------|--|-------------------|--|--|--|-----------------------------------|--|

|   |  |                             |  |   |  |  |  |
|---|--|-----------------------------|--|---|--|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) |  | 24b. DATE<br><u>2/15/51</u> |  | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Calvary Cemetery</u> |  | 24d. LOCATION (City, town, or county) (State)<br><u>Kansas City Mo</u> |  |
|---|--|-----------------------------|--|---|--|--|--|

|   |  |  |  |   |  |                                  |  |
|---|--|--|--|---|--|----------------------------------|--|
| DATE REC'D BY LOCAL REG.<br><u>2-5-51</u> |  | REGISTRAR'S SIGNATURE<br><u>Seraldine Holmes</u> |  | 25. FUNERAL DIRECTOR'S SIGNATURE<br><u>Quirk &amp; Tabin Co</u> |  | ADDRESS<br><u>20 W. 1st Blvd</u> |  |
|---|--|--|--|---|--|----------------------------------|--|

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10.48

0

*Handwritten scribble*

**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 *Forest D. Goldsnow*

Licensed Embalmer No. *4214*

P. O. Address *K. C. 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.