

1. PLACE OF DEATH:
 (a) County Andrain
 (b) City or town Vandalia
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community 2 years years, months or days)

8. (a) PRINT FULL NAME George W. Menefee
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Idora Menefee
 6. (c) Age of husband or wife if alive 56 years
 7. Birth date of deceased June 12 1887
 (Month) (Day) (Year)

8. AGE: Years 83 Months 7 Days 3 If less than one day _____ hr. _____ min.

9. Birthplace Crab Orchard Kentucky
 (City, town, or county) (State or foreign country)

10. Usual occupation None

MOTHER FATHER
 11. Industry or business _____
 12. Name Byford Menefee
 13. Birthplace Lincoln Co. Kentucky
 (City, town, or county) (State or foreign country)
 14. Maiden name Nancy Marion Hill
 15. Birthplace Lincoln Co. Kentucky
 (City, town, or county) (State or foreign country)

16. (a) Informant Byrd Menefee
 (b) Address Montgomery City, Mo.
 17. (a) removal (Burial, cremation, or removal) (b) Date thereof Jan 10, 1941
 (Month) (Day) (Year)
 (c) Place: burial or cremation Montgomery City, Mo.
 18. (a) Signature of funeral director J. H. Hill
 (b) Address Montgomery City, Mo.
 19. (a) 1115 748 (Date received local registrar) (b) H. H. Alfred Hill (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Andrain
 (c) City or town Vandalia
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1515 W. State St.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 15
 year 1941 hour 6 minute 15 A M.

21. I hereby certify that I attended the deceased from Jan 14 + 15
 _____, 19____, to Jan 15, 19____;
 that I last saw him alive on Jan 14, 19____,
 and that death occurred on the date and hour stated above.

Immediate cause of death Branchio Pnevmonia
 Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____

PHYSICIAN
 Major findings: _____
 Of operations _____
 Of autopsy _____
 Underline the cause to 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?
Yes While at work? _____ (Specify type of place) (e) Means of injury _____
 23. Signature H. H. Alfred Hill (M. D. or other) _____
 Address Vandalia Mo Date signed 1/15/41

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

RECEIVED

District Health Officer No. 10

District File Number 2-41-344

Date Filed FEB 15 1941

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

Joseph A. Marlow

Licensed Embalmer No. 3658

P. O. Address Montgomery City, Md.

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, above space should be left blank.