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13-40
7-39
X23159

Register District No. 177

Primary Registration District No. 4286

State File No. _____

Registrar's No. 9

1. PLACE OF DEATH:

(a) County Lewis
(b) City or town Canton
(If outside city or town limits, write "RURAL" and name of township)
(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 _____ (Specify whether)
In this community 37 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lewis
(c) City or town Canton
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME William Joseph Menefee

(b) If veteran, name war No (c) Social Security No. 490-18-5009

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Florence Williams 6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased April 9, 1886
(Month) (Day) (Year)

8. AGE: Years 54 Months 9 Days 18 If less than one day hr. _____ min. _____

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation W.P.A.

11. Industry or business _____

12. Name William Henry Menefee

13. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Florence Menefee

(b) Address Canton, Mo.

17. (a) Burial (b) Date thereof Jan. 29, 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Canton, Mo.

18. (a) Signature of funeral director Carl H. Barkley

(b) Address Canton, Missouri

19. (a) Feb. 1, 1941 (b) P. W. Jennings, M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 27 year 1941 hour 5 a.m. minute _____ M.

21. I hereby certify that I attended the deceased from Jan 25, 1941, to Jan 27, 1941.
that I last saw him alive on Jan 25, 1941.
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Duration 6 days

Due to _____
Due to _____ 107

Other conditions Pneumonia 15 yrs.
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____

PHYSICIAN
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? _____

While at work? _____ (Specify type of place) (e) Means of injury L

23. Signature L. J. Lillard (M. D. or other) MD

Address Canton, Mo. Date signed 1-31-41

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

56
0-1

56
10

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number 2-41-276

Date Filed FEB 13 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

Earl N. Buckley

Licensed Embalmer No. 2615

P. O. Address Canton, Miss.

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.