

HELD APR 22 1942
26

Registration District No. _____

Primary Registration District No. 3002

Registrar's No. 43

1. PLACE OF DEATH:

(a) County Audrain
(b) City or town Mexico city
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 days
In this community Life (Specify whether years, months or days)

3. (a) PRINT FULL NAME Nona Menefee

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

6. (b) Name of husband or wife George A. Menefee 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased July 15, 1875
(Month) (Day) (Year)

8. AGE: Years 66 Months 7 Days 25 If less than one day hr. _____ min. _____

9. Birthplace PAudrain County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name J.J. Summers
13. Birthplace Pike County, Missouri
Elizabeth Trabue (State or foreign country)
14. Maiden name _____
15. Birthplace Pike County, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant George A. Menefee
(b) Address Ladonia, Mo.

17. (a) Burial (b) Date thereof March 18, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Carl E. Pault

(b) Address Mexico, Mo.

19. (a) 3-15-1942 (b) Margaret H. Machie
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain 004
(c) City or town Ladonia
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12
year 1942 hour 11 minute _____

21. I hereby certify that I attended the deceased from March 1, 1942, to March 12, 1942
that I last saw her alive on March 12, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Adenocarcinoma
transverse colon
Due to with generalized
abdominal metastasis
Due to 6 mo

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: 462
Of operations _____
Of autopsy adenocarcinoma
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) (a) Means of injury _____

23. Signature H. J. Thompson or other 440
Address MEXICO MO Date signed 3/14/42

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

RECEIVED

District Health Officer No. 10

District File Number 4-16-834

Date Filed APR 16 1942

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.....

..... Earl E. Precht, Registered Apprentice No.....
working under my personal supervision.

Signed..... Earl E. Precht

Licensed Embalmer No. 3189.....

P. O. Address Mexico, 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.