

FILED MAY 8 1942

Registration District No. _____

Primary Registration District No. 3002

Registrar's No. 71

1. PLACE OF DEATH:

(a) County Audrain
(b) City or town Mexico
(c) Name of hospital or institution:
721 S. Clark St. /
(d) Length of stay: In hospital or institution 16 years
In this community 16 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain
(c) City or town Mexico
(d) Street No. 721 S. Clark St.
(e) Citizen of foreign country? No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27
year 1942 hour 4 minute 45 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death: Acromioclavicular -
I find that the deceased
came to his death by
Due to: natural causes - Myo
Carditis Chronic
By: Burton Crow

Other conditions: _____
Major findings: Of operations: 93d
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? _____
(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: _____
23. Signature: E. Burton, Coroner (M. D. or other)
Address: Mexico, Mo. Date signed: 4/29/42

3. (a) PRINT FULL NAME Clara Eliza Menke

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 Widowed

6. (b) Name of husband or wife Adam Menke 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased February 3, 1854
(Month) (Day) (Year)

8. AGE: Years 88 Months 2 Days 28
If less than one day hr. _____ min. _____

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

10. Usual occupation None

11. Industry or business _____

12. Name Franz Gruer

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

14. Maiden name Mary Diecker

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

16. (a) Informant Mrs. Ida Grenberg

(b) Address Mexico, Mo.

17. (a) Burial (b) Date thereof April 30, 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Charles, Mo.

18. (a) Signature of funeral director: Carl E. Orend

(b) Address Mexico, Mo.

19. (a) 4-28-42 (b) Margaret H Machie
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

4
1/2

11/74

RECEIVED

District Health Officer No. 10

District File Number 5-42-908

Date Filed MAY - 7 - 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.....

..... H.A. Precht, Registered Apprentice No.....
working under my personal supervision.

Signed..... H.A. Precht

Licensed Embalmer No. 39.....

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.