V. S. No. 2
OM—9-4-41
Rev. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

37345

State File No.

FILED NOV 22 1944

Registration District No. 77

Primary Registration District No. 3008

Registrar's No. 330

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

14

1. PLACE OF DEATH:

(a) County Callaway

(b) City or town Fulton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: State Hosp #1 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2-10-09 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pattis 14

(c) City or town Ledaria 1
(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

3. (a) PRINT FULL NAME Lonella Monsees

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 1

5. Color or race W

6. (a) Single, widowed, married, divorced widow 2

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased April (Month) 2 (Day) 1868 (Year)

8. AGE: Years 76 Months 5 Days 29 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name Wm. Emery
13. Birthplace Ky. (City, town, or county) (State or foreign country) 1

MOTHER
14. Maiden name Frances Bierman
15. Birthplace Mo (City, town, or county) (State or foreign country) 0

16. (a) Informant Record
(b) Address

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-12-44 (Month) (Day) (Year)
(c) Place: burial or cremation Smithton Mo

18. (a) Signature of funeral director A. F. Neuneyer
(b) Address Smithton Mo

19. (a) 10-9-1944 (Date received local registrar) (b) Josie Morsenkhoff (Registrar's signature)

1149

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 1
year 1944 hour 5 minute a M.

21. I hereby certify that I attended the deceased from 12-2-, 1942 to 10-1-, 1944
that I last saw ~~h~~ ~~alive~~ on 10-1-, 1944
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death chronic myocarditis arterio-sclerosis	
Due to	
Due to 93d	
Other conditions (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?
(Specify type of place)
While at work? (e) Means of injury D

23. Signature K. E. Sherrill (M. D. ~~or other~~)
Address Fulton Mo Date signed 10/1/44

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9
District File Number
Date Filed 11-17-44

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 .....

Licensed Embalmer No. 3912

P. O. Address .....

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.