

No. 2  
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-17-39  
X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED DEC 18 1944**  
Registration District No. 200

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 41577  
Registrar's No. 114

Primary Registration District No. 3041

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

1. PLACE OF DEATH:  
(a) County Mason  
(b) City or town Mason  
(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) 1  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME Bertha Mae Monteer  
3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_

4. Sex Female  
5. Color or race W  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Charles A. Monteer  
6. (c) Age of husband or wife if alive 39 years  
7. Birth date of deceased June 17 (Month) 1909 (Day) (Year)

8. AGE: Years 35 Months 5 Days 2  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation House wife

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name Marvin L. Dixon  
13. Birthplace Iowa (City, town, or county) (State or foreign country)  
14. Maiden name Bertha B. Goodman  
15. Birthplace Mason Co Mo (City, town, or county) (State or foreign country)

16. (a) Informant Albert Dixon  
(b) Address Mason Co Mo

17. (a) Burial (Burial, cremation, or removal)  
(b) Date thereof 11-23-44 (Month) (Day) (Year)  
(c) Place: burial or cremation Covell Cem Mason Co Mo

18. (a) Signature of funeral director Stephen Gooding  
(b) Address Mason Mo

19. (a) 12/5/44 (Date received local registrar)  
(b) Jora B. Munkler (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County Mason  
(c) City or town Mason (If outside city or town limits, write "RURAL")  
(d) Street No. 110-7th St (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Nov day 19 year 1944 hour 8 minute 00 P.M.  
21. I hereby certify that I attended the deceased from Sept 26 1944 to Nov 18 1944  
that I last saw her alive on Nov 18 and that death occurred on the date and hour stated above.

Immediate cause of death pneumonia hypostatic  
Duration \_\_\_\_\_  
Due to Growth in the ascending colon  
Due to \_\_\_\_\_

Other conditions Growth in ascending colon  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy 572  
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 \_\_\_\_\_  
23. Signature A. E. Manatt (M.D. or other) DD  
Address Mason, Mo Date signed 11/27/44

RECEIVED  
District Health Officer No. 10  
District File Number 12-44-2033  
Date Filed DEC 14 1944

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.....

.....  
working under my personal supervision.

..... Registered Apprentice No. ....

Signed.....

*C. L. Stephens*

Licensed Embalmer No. ....

*3057*

P. O. Address.....

*Macon, 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.