S. No. 2
M—5-43
v. 5-17-39
I X36671

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

1764

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 7 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3619

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 6

1. PLACE OF DEATH:

(a) County Pettis

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

(c) Name of hospital or institution: Bothwell Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 38 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis 80

(c) City or town Sedalia 6
(If outside city or town limits, write "RURAL")

(d) Street No. 312 East 16th.St. 4
(If rural, give location) 0

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME DIETRICH GEORGE MONSEES

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex MALE 0

5. Color or race WHITE

6. (a) Single, widowed, married, divorced WID. ✓

6. (b) Name of husband or wife ~~HANNAH~~ HANNAH E.

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

7. Birth date of deceased JULY (Month) 2 (Day) 1870 (Year)

8. AGE: Years 75 Months 6 Days 2 If less than one day hr. min.

9. Birthplace Benton Co. (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Well Driller

11. Industry or business Retired

FATHER
12. Name Herman Monsees
13. Birthplace Hanover (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Mary ~~Meyer~~ Meyer
15. Birthplace U.S.A. (City, town, or county) 1 (State or foreign country)

16. (a) Informant Oscar Monsees
(b) Address Sedalia,Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-7-46 (Month) (Day) (Year)
(c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director Geo. Dillary
(b) Address Sedalia

19. (a) 1-7-46 (Date received local registrar) (b) A. J. Campbell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 4
year 1946 hour 8 minute 30 A.M.

21. I hereby certify that I attended the deceased from Nov. 2 1945 to Jan 4 1946
that I last saw him alive on Jan. 3 1946
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Inanition & Toxemia	30 days
Due to Carcinoma of Neck & Throat	1.5 mos
Due to	
Other conditions (Include pregnancy within 3 months of death) Arteriosclerosis	5 yrs

PHYSICIAN

Major findings:
Of operations —
Of autopsy — 45f

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 —

(f) Signature Francis B. Long (M. D. or other) MD

Address Sedalia Mo Date signed 1-4-46

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,

District File Number .....

Date Filed 2-6-46

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 L. E. Boulelin

Licensed Embalmer No. 3847

P. O. Address Bedalia 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.