

3. No. 2
M-5-43
5-17-39
X36871

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 21 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5682
Registrar's No. 11

Registration District No. 273 Primary Registration District No. 3057

1. PLACE OF DEATH:
(a) County Perry
(b) City or town Perryville
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 72 - 88 - 10
In this community 72 - 88 - 10 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Perry 79
(c) City or town Perryville
(If outside city or town limits, write "RURAL")
(d) Street No. /
(If rural, give location) 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME Henry Monia
(b) If veteran, name war. (c) Social Security No. None
4. Sex Male (d) Color or race white
6. (a) Single, widowed, married, divorced Single
6. (c) Age of husband or wife if alive, years 27 1874
7. Birth date of deceased May 27 1874
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb. day 7
year 1947 hour 3 minute 30 A. M.
21. I hereby certify that I attended the deceased from Jan 25 1947 to July 7 1947
and that death occurred on the date and hour stated above.

8. AGE: Years 72 Months 8 Days 10 If less than one day hr. min.
9. Birthplace Perry Co. Mo. 0
(City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
12. Name John C. Monia
13. Birthplace France 5
(City, town, or county) (State or foreign country)
14. Maiden name Mary C. Barbria 8
15. Birthplace France 8
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Amelia Davis
(b) Address Perryville, Mo.
17. (a) Burial 12-10-1947
(Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation Perryville, Mo.
18. (a) Signature of funeral director Young & Sons
(b) Address Perryville, Mo.
19. (a) 2-10-47 (b) Joe J. Zellner
(Date received local registry) (Registrar's Signature)

Immediate cause of death Cerebral apoplexy
Due to Arterio Sclerosis
Duration 13 days
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?
While at work? (Specify type of place) (e) Means of injury
23. Signature C. W. Weberman (M. D. or other) Fe
Address Perryville, Mo. Date signed 2/10/47

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

MOTHER, FATHER

250 (Licensed Embalmer's Statement on Reverse Side)

1/2
APR 2 1947

120 E

ED 2

Sanct Health Officer No. 4
Sanct File Number 247-225
Date Filed 2-17-47

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 Wallace Young
Licensed Embalmer No. 4027
P. O. Address Perryville 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.

Wallace Young 54-01-5