

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 31 PRIMARY REG. DIST. NO. 5107 Registrar's No. 23

1. PLACE OF DEATH a. COUNTY <u>Denton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Denton</u>	
b. CITY (If outside corporate limits, write RURAL and give township OR TOWN <u>Rural white Township</u> )		c. CITY (If outside corporate limits, write RURAL and give township OR TOWN <u>Rural Williams Township</u> <u>0080</u> )	
c. LENGTH OF STAY (in this place) <u>Life</u>		d. STREET ADDRESS (If rural, give location) <u>Ionia</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Ionia</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Anna</u> b. (Middle) <u>Maria</u> c. (Last) <u>Monsees</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 8th 1954</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>Oct 10th 1878</u>
9. AGE (In years last birthday) <u>75</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house keeping</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Cole Camp Missouri</u>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
13a. FATHER'S NAME <u>John Monsees</u>		13b. MOTHER'S MAIDEN NAME <u>Maria Monsees</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Otto Cordes</u> ADDRESS <u>Sedalia Mo R #1</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Congestion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Congestive Heart failure</u> DUE TO (c) <u>Cardiac enlargement</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>malnutrition</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4343</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR	
22. I hereby certify that I attended the deceased from <u>Aug. 28, 1952</u> , to <u>Sept 7, 1954</u> , that I last saw the deceased alive on <u>Sept 7, 1954</u> , and that death occurred at <u>10.30 pm.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Harold B. Waber</u>		23b. ADDRESS <u>Cole Camp, Mo</u>	23c. DATE SIGNED <u>9/10/54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Sept 12, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St John's Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>5 miles north west of Cole mo</u>
DATE REC'D BY LOCAL REG. <u>Sept 10 1954</u>	REGISTRAR'S SIGNATURE <u>E L Eickhoff</u> 394	25. FUNERAL DIRECTOR'S SIGNATURE <u>E L Eickhoff</u> ADDRESS <u>E L Eickhoff</u>	

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

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.....

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed B. L. Quickhoff

Licensed Embalmer No. 750

P. O. Address COLE CAMP 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.