

REC'D MAY 6 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

13974
 Do not use this space.

1. PLACE OF DEATH
 (a) County Benton Registration District No. 59
 (b) Township _____ Primary Registration District No. 4034 Registered No. 15
 (c) City Cole Camp (d) Street No. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mrs John O Monsees 522
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John O Monsees

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-29-1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
62 6 4

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Lit Hulda
 (STATE OR COUNTRY) Missouri

13. NAME Gilbert Stelljes

14. BIRTHPLACE (CITY OR TOWN) Missouri
 (STATE OR COUNTRY)

15. MAIDEN NAME Katherine Brockman

16. BIRTHPLACE (CITY OR TOWN) Balke Prairie
 (STATE OR COUNTRY) Missouri

17. INFORMANT John O Monsees
 (ADDRESS) Cole Camp Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Cheese Creek DATE 4-5-1938

19. FUNERAL DIRECTOR E. C. Eickhoff
 (ADDRESS) Cole Camp Mo

20. FILED 4-6-1938 Sue Selover
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-2- 1938

22. I HEREBY CERTIFY, That I attended deceased from 3-31- 1938, to 4-2- 1938

I last saw her alive on 4-2- 1938 Death is said to have occurred on the date stated above, at 10:00 PM

The principal cause of death and related causes of importance were as follows:

Apoplexy

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____
 What test confirmed diagnosis Cholesterol Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) [Signature] M. D.

(Address) Cole Camp Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____
hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____
_____ D. E. _____
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed E. L. Eichhoff
Licensed Embalmer No. 730

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.)