

REC'D FEB 21 1939

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

1507  
Do not use this space.

## 1. PLACE OF DEATH

(a) County Barry Registration District No. 30  
(b) Township ..... Primary Registration District No. 3003 Registered No. 5  
(c) City Monett (d) Street No. West Hospital St. ....  
(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 Hertha Moennighoff

(a) Residence, No. 511 Cleveland Ave. 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 Joseph Moennighoff

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 15, 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
79 1 4

OCCUPATION 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) Peoria,  
(STATE OR COUNTRY) Illinois

FATHER 13. NAME Joseph V. Studer,

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

MOTHER 15. MAIDEN NAME Elizabeth Herrmann

16. BIRTHPLACE (CITY OR TOWN) Switzerland  
(STATE OR COUNTRY)

17. INFORMANT Dr. F. J. Moennighoff  
(ADDRESS) Monett, Mo.

18. BURIAL PLACE Calvary-Forrest Hill DATE Jan. 24, 1939  
Kansas City, Mo.

19. FUNERAL DIRECTOR Callaway's,  
(ADDRESS) Monett, Mo.

20. FILED 1-23- 1939 W. M. West  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 19, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 6, 1939, to Jan 19, 1939  
Last saw her alive on Jan 19, 1939. Death is said to have occurred on the date stated above, at 3:30 p.m.  
The principal cause of death and related causes of importance were as follows:

Pleur  
Pneumonia

Date of onset

Other contributory causes of importance: 110

Name of operation ..... Date of .....  
What test confirmed diagnosis? Clinical 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) W. M. West, M. D.  
(Address) Monett, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

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RECEIVED

District Health Officer No. 6,

District File Number 6-39-222

Date Filed FEB 1 1908

STATEMENT BY LICENSED EMBALMER

I, J. B. Buchanan Licensed Embalmer No. 3179

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_ Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed J. B. Buchanan  
Licensed Embalmer No. 3179

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.)