

DEC 11 1939

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

38903
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. 40
(c) City Monett (d) Street No. _____ 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 Joseph H. Moennighoff
(a) Residence, No. 511 Cleveland Ave. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Hertha Moennighoff
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 7, 1855
7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
84 10 19
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
13. NAME Henry Moennighoff
14. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY) _____
15. MAIDEN NAME Margaret Kellerstrass
16. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY) _____
17. INFORMANT Dr. F. J. Moennighoff, (ADDRESS) Monett, Mo.
18. BURIAL ~~EXEMPTION FOR REMOVAL~~ Calvary Cemetery PLACE Kansas City, Mo. DATE Nov. 30, 1939
19. FUNERAL DIRECTOR (NAME) Callaway's, (ADDRESS) Monett, Mo.
20. FILED 11-28-1939 W. M. West 31
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 26, 1939
22. I HEREBY CERTIFY, That I attended deceased from Nov 23, 1939 to Nov 26, 1939
I last saw him alive on Nov 25, 1939. Death is said to have occurred on the date stated above, at 4 p.m.
The principal cause of death and related causes of importance were as follows:
Cerebral apoplexy Date of onset _____
Other contributory causes of importance: 82
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____
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 of injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) W. M. West, M. D.
(Address) Monett, Mo.

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.

RECEIVED

District Health Officer No. 6,

District File Number 12039-2541

Date Filed DEC. 8 1939

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.....

J. W. Buchanan
working under my personal supervision.

Registered Apprentice No.....

Signed.....

J. W. Buchanan

Licensed Embalmer No. 3179

P. O. Address.....

Monett 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, above space should be left blank.