

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

43349

Do not use this space.

1. PLACE OF DEATH

(a) County Gentry Registration District No. 309
 (b) Township Athens Primary Registration District No. 5427
 (c) City _____ (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.

Registered No. 48

2. PRINT FULL NAME Steve Monger

(a) Residence, No. _____ SL (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 Male 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 Berla Coulter

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 1, 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 3 3

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 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) (STATE OR COUNTRY) Gentry Co. Missouri

FATHER 13. NAME James E. Monger

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

MOTHER 15. MAIDEN NAME Mary Jane Wayman

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

17. INFORMANT (ADDRESS) Mrs. Steve Monger
Albany, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Grandview DATE Dec. 5 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Brooks Funeral Home
Albany, Mo.

20. FILED Dec 5 1939 W. P. Martin
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 4 1939

22. I HEREBY CERTIFY That I attended deceased from Aug. 2 1939, to Dec. 4 1939

I last saw him alive on Dec. 4 1939. Death is said to have occurred on the date stated above, at 2:30 P.M.

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

Myocarditis

Date of onset years

97C

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? clin 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 _____, 1939

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) Frank A. Rose, M. D.
 _____ (Address) Albany, 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. 11,
District File Number.....140-1860
Date Filed.....JAN 10 1940

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.....

Licensed Embalmer No.....

P. O. Address.....

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.