

FILED DEC 8 1941

State File No. ....

Registration District No. 381

Primary Registration District No. 4343

Registrar's No. 15

1. PLACE OF DEATH:

(a) County Monroe  
(b) City or town Monroe City Tenn  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
226; 2nd Street  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 47 Years (Specify whether  
In this community 47 Years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Monroe LS  
(c) City or town Monroe City 1  
(If outside city or town limits, write "RURAL") 0  
(d) Street No. 226; 2nd Street  
(If rural, give location)  
(e) Citizen of foreign country? No 0 (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 16  
year 1941 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from  
MAY 3 1941 to NOV 16 1941;  
that I last saw him alive on Nov 16 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death MITRAL STENOSIS 10 yrs  
Duration

Due to.....

Due to.....

Other conditions ARTERIO-Sclerosis 5 yrs  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....

Of autopsy.....

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....  
(b) Date of occurrence 1  
(c) Where did injury occur?.....  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
CO

While at work?..... (Specify type of place)  
Means of injury.....

23. Signature John H. Webb (M. D. or other)  
Address Monroe City Mo Date signed 11/17/41

3. (a) PRINT FULL NAME Sarah Ann Howe

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife George W. 6. (c) Age of husband or wife if alive 20 years

7. Birth date of deceased December 1868  
(Month) (Day) (Year)

8. AGE: Years 72 Months 10 Days 27 If less than one day  
hr. min.

9. Birthplace Harrisburg Penn  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business.....

12. Name John R. Reimert

13. Birthplace DK Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Sarah E. Waltze  
(City, town, or county) (State or foreign country)

15. Birthplace Harrisburg Penn  
(City, town, or county) (State or foreign country)

16. (a) Informant Brodus Chutkan  
(b) Address 222 Second St. Monroe City Mo

17. (a) Burial (b) Date thereof 11/18/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Andrew Chapel; Marion

18. (a) Signature of funeral director Wilson & Sons  
(b) Address Monroe City Mo

19. (a) Nov 17 1941 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

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

RECEIVED

District Health Officer No. 10

District File Number 12-41-2119

Date Filed DEC 3 1941

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 By me

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed

Leslie L. Wilson

Licensed Embalmer No. 3014

P. O. Address

Monroe City, 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.