

FILED JUN 6 1942 76

Registration District No. 14776

Primary Registration District No. 5796

Registrar's No. 15

1. PLACE OF DEATH:

(a) County Morgan
(b) City or town Richland Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 50 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Morgan
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 6 miles South of Smithton
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30
year 1942 hour 9 minute 10 P. M.

21. I hereby certify that I attended the deceased from Apr 2 1942 to May 29 1942
that I last saw him alive on May 29 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: Encephalitis

Due to: Influenza

Other conditions: h3
(Include pregnancy within 3 months of death)

Major findings: h3
Of operations _____
Of autopsy _____

Duration _____
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 _____
(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? _____

While at work _____ (Specify type of place)
(e) Means of injury _____
23. Signature: [Signature] (M. D. or other)
Address: Smithton Mo Date signed: 6/1/42

3. (a) PRINT FULL NAME Martin Phillip Monsees

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Katie Monsees 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased Jan 28 - 42
(Month) (Day) (Year)

8. AGE: Years 77 Months 4 Days 2
If less than one day _____ hr. _____ min.

9. Birthplace Pettis Co Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

12. Name Gävert Monsees

13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Mary Kahle

15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Katie Monsees
(b) Address Smithton

17. (a) Burial (b) Date thereof 6 1 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Smithton Mo

18. (a) Signature of funeral director: G. F. Neumyer
(b) Address Smithton Mo

19. (a) June 4 1942 (b) Henry Kipp
(Date received local registrar) (Registrar's signature)

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

71
8

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

A. F. Neuman

Licensed Embalmer No.

3912

P. O. Address

Smithton Pa

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.