

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35487**
Registrar's No. **316**

NOV 15 1943

Registration District No. **274**

Primary Registration District No. **4408**

1. PLACE OF DEATH:

(a) County **Pettis**
(b) City or town **Smithton**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
at her home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **40 years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **ANNA C. MONSEES**

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

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband **Dr. Monsees** 6. (c) Age of husband or wife if alive **Deceased**
7. Birth date of deceased **Aug 15 1881**
(Month) (Day) (Year)

8. AGE: Years **82** Months **1** Days **15** If less than one day hr. _____ min. _____

9. Birthplace **Benton Co MO**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business
{ 12. Name **Frederic Fumpee**
13. Birthplace **Germany**
{ 14. Maiden name **Gherida N. Fumpee**
15. Birthplace **Austria**
(City, town, or county) (State or foreign country)

16. (a) Informant **Kenneth Williams**
(b) Address **Sedalia Mo**

17. (a) **Burial** (b) Date thereof **10 5 43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Smithton Mo**

18. (a) Signature of funeral director **A. F. Fumpee**
(b) Address **Smithton Mo**

19. (a) **10 5 43** (b) **Mrs Anna Berger**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Pettis**
(c) City or town **Smithton Mo**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH Month **Oct** day **8** year **1943** hour _____ minute **3** M. **A**

21. I hereby certify that I attended the deceased from **Oct 1** to **Oct 3**, 19**43**,
that I last saw him/her alive on **Oct 2**, 19**43**,
and that death occurred on the date and hour stated above.

Immediate cause of death **Apoplexy**
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) **83a**

Major findings:
Of operations _____
Of autopsy _____

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)
Of injury _____
23. Signature **E. E. Naltzen** (M. D. or owner)
Address **Smithton Mo** Date signed **10/3/43**

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

11-2-48

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.....

U. F. Neumeyer

Licensed Embalmer No. 3912

P. O. Address *Smithton 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.