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17-39
X35697

FILED APR 7 1944

Registration District No. 31

Primary Registration District No. 4040

Registrar's No. 10

1. PLACE OF DEATH:

(a) County Benton

(b) City or town Cole Camp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
in this community 52 Years (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Benton

(c) City or town Cole Camp
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Eduard Herman Monsees

3. (b) If veteran, name war No

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11
year 1944 hour 6 minute 30 p.m.

4. Sex Male

5. Color or race white

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs Adekine Monsees

6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased May 2nd 1892
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 3-2-44 to 3-11-44
that I last saw him alive on 3-11-44 and that death occurred on the date and hour stated above.

8. AGE: Years 51 Months 10 Days 9
If less than one day hr. _____ min. _____

Immediate cause of death apoplexy

Due to _____

Due to _____

9. Birthplace Benton County Missouri
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

10. Usual occupation Barber

11. Industry or business _____

MOTHER FATHER { 12. Name Henry Monsees

13. Birthplace At Sea
(City, town, or county) (State or foreign country)

14. Maiden name Cassena Tietjen

15. Birthplace Benton County Missouri
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Mrs. Ed Monsees

(b) Address Cole Camp Mo

17. (a) Burial (b) Date thereof Mar 14, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Sedalia Mo

18. (a) Signature of funeral director E L Dickhoff

(b) Address Cole Camp Mo

19. (a) April 4, 1944 (b) Pauline Harms
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____
Address Cole Camp Mo Date signed 3-12-44

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

APR 7 1944

RECORDED
District Health Officer No. 1, 3
District File Number 3-44-385
Date Filed 4-6-44

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..... *E. L. Eickhoff*

Licensed Embalmer No..... 730

P. O. Address..... Cole Camp 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.