

FILED AUG 11 1944

Registration District No. **476**

Primary Registration District No. **4062**

Registrar's No. **43**

300

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

1. PLACE OF DEATH:
(a) County **Coldwell**
(b) City or town **Cowgill**
(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) **1**
(d) Length of stay: In hospital or institution _____ (Specify whether
in this community _____
years, months or days)

3. (a) PRINT FULL NAME **Albert Mohn**
3. (b) If veteran, name war **No** **3. (c) Social Security** No. **No**

4. Sex **Male** **5. Color or race** **White** **6. (a) Single, widowed, married,** divorced **Married**
6. (b) Name of husband or wife **Flora Illy Mohn** **6. (c) Age of husband or wife if** alive **65** years
7. Birth date of deceased **Dec. 23 1878**
(Month) (Day) (Year)

8. AGE: Years **65** Months **7** Days **28** If less than one day
hr. min.

9. Birthplace **Ray County** **Mo** **0**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farming**

11. Industry or business

12. Name **William Mohn**

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

14. Maiden name **Mary Fink**

15. Birthplace **Iowa** **1**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Flora Illy Mohn**

(b) Address **Cowgill, Mo.**

17. (a) Burial **(b) Date thereof** **June 23, 1944**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Cowgill Mo.**

18. (a) Signature of funeral director **Thurman**
(b) Address **Richmond, Mo.**

19. (a) July 12-44 **(b) Corinne Jarrett**
(Date registered) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Coldwell**
(c) City or town **Cowgill** **113**
(If outside city or town limits, write "RURAL") **0**
(d) Street No. _____ (If rural, give location) **0**
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **21** year **1944** hour **6** minute **P.** M.

21. I hereby certify that I attended the deceased from **April 10, 1944** to **June 21, 1944**
that I last saw him alive on **June 25, 1944**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Arteriosclerosis**
Due to **Angina Pectoris** **2 yrs**
Due to **Primary Arteriosclerosis** **4 yrs**
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations **94a**
Of autopsy _____
Underline the cause to which death should be charged statistically.

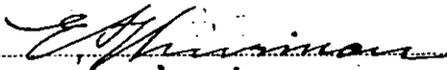
22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (b) Means of injury _____
23. Signature **John P. Grant** M.D. or _____
Address **Greymore, Mo.** Date signed **6-23-44**

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by ~~####~~.....

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

Signed..... .....

Licensed Embalmer No. 2073

P. O. Address Richmond, 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.