

FILED APR 12 1946

State File No.

Registration District No. 274

Primary Registration District No. 4408

Registrar's No. 100

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: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2.5 yrs (Specify whether years, months or days)

3. (a) PRINT FULL NAME

John L. Monsees
3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Christena M 6. (c) Age of husband or wife if alive 81 years
7. Birth date of deceased Dec 15 - 1862 (Month) (Day) (Year)

8. AGE: Years 83 Months 2 Days 28 If less than one day hr. min.

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

10. Usual occupation Farming

11. Industry or business

12. Name Harvest Monsees
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name Mary Rakers
15. Birthplace New Orleans Louisiana (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Christena M Monsees
(b) Address Smithton MO
17. (a) Burial (b) Date thereof 3-15-46 (Month) (Day) (Year)
(c) Place: burial or cremation Smithton MO

18. (a) Signature of funeral director A. F. Hemmings
(b) Address Smithton MO

19. (a) 4-1-46 (b) Betty Yeager (Date received local registrar) (Registered 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. 0 (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 13 year 46 hour 11 minute 30 a.m.
21. I hereby certify that I attended the deceased from 3-13-46 to 3-13-46, 1946
that I last saw him alive on 3-13-46, 1946
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)

Major findings: Of operations 30
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
(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? Yes (Specify type of place) (a) Means of injury 0
23. Signature E. F. Hemmings (M. D. or other)
Address Smithton MO Date signed 3/14/46

25 (Licensed Deputy Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 3,

District File Number.....

Date Filed 4-11-46

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. Nemmeyer

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.