

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 12 1946
Registration District No. 274

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
Primary Registration District No. 9408

State File No. 10358
Registrar's No. 65

1. PLACE OF DEATH:
(a) County Pettis
(b) City or town Smithton MO
(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 13 years (Specify whether years, months or days)
In this community 13 years

3. (a) PRINT FULL NAME Rickey C 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 Louis M Monsees 6. (c) Age of husband or wife if alive 87 years
7. Birth date of deceased Sept 20 1858
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
87 5 14 hr. min.

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

10. Usual occupation Housewife

11. Industry or business Housewife

12. Name Diedrich Kasten

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

14. Maiden name Christina Schlofman

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

16. (a) Informant Kate Monsees

(b) Address Smithton MO

17. (a) Burial (b) Date thereof 3-6-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Smithton MO

18. (a) Signature of funeral director A. F. Neumeyer

(b) Address Smithton MO

19. (a) 3-7-46 (b) Betty Yeager
(Date received local registrar) (Signature)

(c) 3-7-46 (d) Betty Yeager
(Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pettis
(c) City or town Smithton
(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 _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 3 day 4
year 1946 hour 1 minute 30 P M.
21. I hereby certify that I attended the deceased from Sept 10 1858 to Sept 20 1946
that I last saw 4 alive on 3-3-46, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Duration _____

Due to _____
Due to _____

Other conditions Fracture of hip
(Include pregnancy within 3 months of death)
Major findings Sept 45
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)
Means of injury _____

23. Signature [Signature] (M. D. or other) MD
Address Smithton MO Date signed 3/3/46

ADDITIONAL SUPPLEMENTARY INFORMATION
Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 4-10-46

12.07
24-1
CASE
JOED
15-11/12/46

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 H. F. Kemmeyer

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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

April 65

Registration District No. *274*

Primary Registration District No. *4408*

Registrar's No.

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

3. (a) PRINT FULL NAME

Pichey C. Mauseen

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex *F* 5. Color or race *w* 6. (a) Single, widowed, married, divorced *m*

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive

7. Birth date of deceased *Sept 20 1946*
(Month) (Day) (Year)

8. AGE: Years *87* Months *5* Days *18* If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

12. Name

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

14. Maiden name

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (b) (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County
(c) City or town (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 *Mar* year *1946* hour minute M.

21. I hereby certify that I attended the deceased from to, 19...; that I last saw him alive on 19...; and that death occurred on the date and hour stated above. Duration of immediate cause of death.

Known myocarditis

Had hip fracture in Apr 45 from which she

did not recover

Due to

Other conditions (Include pregnancy within 6 months of death)

Major findings: Of operations

Of autopsy *1860*

22. If death was due to external causes, specify

(a) Accident, suicide, or homicide (Specify)

(b) Date of occurrence *9/15/48*

(c) Where did injury occur *Smithton Pettis Mo*

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work (Specify type of work) (Specify cause of injury)

23. Signature *ES Holzman MD* (M.D. brother)

Date signed *April 65*

Address *Smithton*

Over

SUPPLEMENTARY

ADDITIONAL SUPPLEMENTARY INFORMATION

PHYSICIAN Underline the cause to which death should be charged statistically

See other side

About five years ago Mrs. Monsees fell out of bed causing a cerebral hemorrhage with paralysis of right side. In a year she was able to walk with a cane but was "Tottery". On Sept. 15th 1945 she got up about four or five A.M. and walked to the front porch of her home "to see if daylight had come." About six A.M. her husband (who is partially deaf and feeble) missed her and found her on the porch. She was immediately taken to Bothwell Hospital, Sedalia, Mo. X-ray showed impacted fracture of neck of femur. In a couple of months she showed no improvement and was brought home. The heart condition gradually became worse and she dwindled away and died.

E. Holzer M.D.

10358