

FILED AUG 27 1946 **STANDARD CERTIFICATE OF DEATH**

State File No. _____

Registration District No. 68

Primary Registration District No. 68 4119

Registrar's No. 41

1. PLACE OF DEATH:

(a) County Christian

(b) City or town Ozark
(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 7 yr years, months or days

3. (a) PRINT FULL NAME Mary Kay Monks

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased July, 24, 1938
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>7</u>	<u>8</u>	<u>13</u>	_____ hr. _____ min.

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

10. Usual occupation student

11. Industry or business _____

12. Name Chas C. Monks

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

14. Maiden name Eula Daughtery

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

16. (a) Informant Chas C. Monks

(b) Address Ozark, Mo.

17. (a) burial (b) Date thereof April 12, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hazelwood cem.

18. (a) Signature of funeral director T.W. Maples

(b) Address Clever, Mo.

19. (a) July 30-1946 (b) Louella M. Leonard
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Christian

(c) City or town Ozark
(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 Apr. day 7
year 1946 hour 11 minute A. M.

21. I hereby certify that I attended the deceased from 3 Apr. 1946
1946 to 7 APR. 1946

that I last saw her alive on 7 APR 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Encephalitis

Due to measles

Due to _____

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

Major findings: _____

Of operations _____

Of autopsy no

Duration

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 _____

23. 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) (e) Means of injury 0

23. Signature Stanley D. Brewer (M. D. or other) _____

Address Ozark, Mo. Date signed 9 April 1946

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

25461

RECEIVED

District Health Officer No. 6,

District File Number 846-884

Date Filed AUG 26 1946

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 J. W. Maple

Licensed Embalmer No. 2985

P. O. Address Clever, 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.