

FILED FEB 21 1947

Registration District No. 157

Primary Registration District No. 3028

Registrar's No. 29

1. PLACE OF DEATH:

(a) County Jasper  
(b) City or town Carthage  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Stone Memorial 0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 hour  
(Specify whether years, months or days) One hour

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dade 29  
(c) City or town Arcola 0  
(If outside city or town limits, write "RURAL")  
(d) Street No. No Street No 1  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME Catherine Ailæne Moenning

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female / 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive. ----- years

7. Birth date of deceased. Dec. 26th. 1946  
(Month) (Day) (Year)

8. AGE: Years 0 Months 1 Days 15 If less than one day hr. min.

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

10. Usual occupation None

11. Industry or business

12. Name Elmer F. Moenning 0

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

14. Maiden name BERTHA A Leeper

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

16. (a) Informant Elmer F. Moenning

(b) Address Arcola Missouri

17. (a) Burial (b) Date thereof 2-14-1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Minert Cem.  
Chas. J. Teeter

18. (a) Signature of funeral director

(b) Address Jasper Mo.

19. (a) 2-12-47 (b) R. B. Clinton M. O.  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 11th  
year 1947 hour 10 minute 43 A.M.

21. I hereby certify that I attended the deceased from Feb. 11th 1947, to Feb. 11th 1947;  
that I last saw her alive on Feb. 11th 1947;  
and that death occurred on the date and hour stated above.

Immediate cause of death Lobular Pneumonia

Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

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? (Specify type of place) (e) Means of injury 2

23. Signature J. Darwin Magee D.O. or other D.O.  
Address Date signed

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

MOTHER FATHER

H 7-2-106

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**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 Howard E Simpson  
- - Licensed Embalmer No. 4288  
P. O. Address Jasper, 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.**