

FILED APR 14 1947

Registration District No. 274

Primary Registration District No. 4408

Registrar's No. 104

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 all of his life  
In this community all of his life  
years, months or days

3. (a) PRINT FULL NAME

Louis M Monsees

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex ms

5. Color or race W

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

6. (b) Name of husband or wife Richard

6. (c) Age of husband or wife if alive 20-1858  
years (Day) (Year)

7. Birth date of deceased nov  
(Month)

20-1858  
(Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>88</u>	<u>3</u>	<u>21</u>	hr. min.

9. Birthplace

Smithton Pettis Co. Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation

Live Stock raiser

11. Industry or business

MOTHER FATHER

12. Name John H. Monsees

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

14. Maiden name Augusta Monsees

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

16. (a) Informant Ralph Monsees

(b) Address Smithton Mo

17. (a) Buried  
(Burial, cremation, or removal)

(b) Date thereof 3-12-47  
(Month) (Day) (Year)

(c) Place: burial or cremation Smithton Mo

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

(b) Address Smithton Mo

19. (a) 3-19-47  
(Date received local registrar)

(b) Betty Yeager  
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Pettis  
(c) City or town Smithton  
(If outside city or town limits, write "RURAL")  
(d) Street No. 210  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH 1947 Month 3 Day 10  
year hour 6 minute 15 M.

21. I hereby certify that I attended the deceased from 3-10-47 to 3-10-47  
that I last saw him alive on 3-10-47 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to Chronic Myocarditis  
Due to Chronic Myocarditis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 9312

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 Yes (Specify type of injury) Chronic Myocarditis

23. Signature John H. Monsees (M. D. or other)  
Address Smithton Mo Date signed 3-17-47

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 4-12-47

---

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. Neumeier*

Licensed Embalmer No.....

3912

P. O. Address.....

*Smithton MD*

**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.**