

S. No. 2  
M-8-43  
5-17-39  
X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED JUL 21 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 24769

Registration District No. 192

Primary Registration District No. 4716

Registrar's No. 38

1. PLACE OF DEATH:

(a) County McDonald  
(b) City or town Noel Rural  
(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 33 years (Specify whether years, months or days)

In this community 33 years

3. (a) PRINT FULL NAME William Charles Monittos

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

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

6. (b) Name of husband or wife Letha Monittos 6. (c) Age of husband or wife if alive 1880 years

7. Birth date of deceased Jan 1 1880  
(Month) (Day) (Year)

8. AGE: Years 67 Months 6 Days 3 If less than one day hr. min.

9. Birthplace Johnstown Penna.  
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business

12. Name Peter Charles Monittos  
13. Birthplace unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name unknown  
15. Birthplace unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Daran Hobbs

(b) Address Noel, Mo., R#1

17. (a) Burial (b) Date thereof July 6 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Anderson, Mo. Cemetery

18. (a) Signature of funeral director E.R. Pyeatt

(b) Address Gravette, Ark.

19. (a) 7-10-47 (b) Virginia Buck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County McDonald

(c) City or town Noel Rural  
(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 July day 3  
year 1947 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from June 20 1947 to July 2 1947  
that I last saw him alive on July 2 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac decompensation  
Due to arteriosclerotic Heart disease

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 93 D

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) (Type of Means of injury)

23. Signature W. Blankenship (M. D. or other) M.D.  
Address Anderson Date signed 7-4-47

WRITE PLAINLY - USE UNFADING BLACK INK - PERMANENT RECORD 6000

21-4  
054  
20.41

RECEIVED

District Health Officer No. 6,  
District File Number 747-695-  
Date Filed 2-17-47

MAR 28 1947

MAR 22 1947

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 E. P. Yeatt  
Licensed Embalmer No. 3211  
P. O. Address: Gravette Ark.

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.