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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 26 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17033

Registration District No. 234 — Primary Registration District No. 5815 — Registrar's No. 9

1. PLACE OF DEATH:

(a) County Morgan

(b) City or town Rural Haw Creek (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether

In this community Life time years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Morgan 71

(c) City or town Rural 0 (If outside city or town limits, write "RURAL")

(d) Street No. 6 miles North East of Stover. 0 (If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME LOUIS MONSESS

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased June (Month) 17 (Day) 1876 (Year)

8. AGE: Years 71 Months 10 Days 18 If less than one day hr. min.

9. Birthplace Morgan County (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Farmer

11. Industry or business Farming

FATHER
12. Name Martin Monsess
13. Birthplace Unknown (City, town, or county) Germany (State or foreign country) 4

MOTHER
14. Maiden name Katherin Mangels
15. Birthplace Unknown (City, town, or county) Germany (State or foreign country) 4

16. (a) Informant Mrs Harry Monsess

(b) Address Stover, Missouri.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May (Month) 7 (Day) 1948 (Year)

(c) Place: burial ~~XXXXXX~~ Nolting Cemetery

18. (a) Signature of funeral director J. L. Stevinson

(b) Address Stover, Missouri.

19. (a) May 17th 1948 (Date received local registrar) (b) Wm L Ripperger (Registrar's signature) 1/7

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5 th year 1948 hour 10 minute 55 a.M.

21. I hereby certify that I attended the deceased from April 29, 1948 to May 5, 1948 that I last saw him alive on May 4, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardiac Decompensation	10 da.
Due to Hypertension	Unknown
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 932	
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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature J. L. Washburn (M. D. or other) MA

Address Versailles, Mo Date signed 5/6/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District File Number 4-48-56
Date Filed 5-24-48

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. L. Stevenson

Licensed Embalmer No. 4073

P. O. Address Stover, Missouri.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.