FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42182

FILED DEC 20 1948

Registration District No. 1983

Primary Registration District No. 6115

Registrar's No. 48

1. PLACE OF DEATH:
(a) County Scott
(b) City or town Near Sikeston
(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) 3
(d) Length of stay: In hospital or institution (Specify whether
In this community —
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Ill. (b) County Cook 994
(c) City or town Chicago, Ill 11
(If outside city or town limits, write "RURAL") 0
(d) Street No. 22 E Illinois St.
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country 3

3. (a) PRINT FULL NAME Phyllis G Monsen
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced (widowed)
6. (b) Name of husband or wife Myron T Monsen Jr
6. (c) Age of husband or wife if alive years
7. Birth date of deceased October 7th 1909
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
39	1	19	- hr. - min.

9. Birthplace Clarinda Iowa
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business Own Home
FATHER
12. Name Andrew Carlyle
13. Birthplace Cordan Iowa
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Ida Bell Todd
15. Birthplace Hamberg Iowa
(City, town, or county) (State or foreign country)
16. (a) Informant Gordon L. Monsen
(b) Address 4859 N. Lowell Ave.
17. (a) Memorial Park (Burial, cremation, or removal) (b) Date thereof Nov 30 48
(Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery
18. (a) Signature of funeral director J. W. L. Barron
(b) Address 4332 Elston Ave, Chicago Ill
19. (a) 12-14-48 (Date received local registrar) (b) Mrs T. F. Henry Jr (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 26th.
year 1948 hour 2:15 minute P. M.
21. I hereby certify that I attended the deceased from After Death, 19..., to ..., 19...;
that I last saw h... alive on ..., 19...;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Airplane Crash, Body completely Mutulated.	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

174-8
34

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident 100
(b) Date of occurrence 26 Nov. 1948
(c) Where did injury occur? Sikeston Scott Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Farm 1 mile from Sikeston
(Specify type of place)
While at work? (e) Means of injury Airplane Crash
23. Signature Orville Taylor Coroner 3
Address Sikeston Mo Date signed 11-28-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Office No. 2
District File Number 1248-1620
Date Filed 12-16-48

SEP 12 1958

DEC 22 1948

DEC 27 1948

APR 7 1954

JUL 28 1949

DEC 28 1948

APR 20 1954

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 G. E. McMikle Registered Apprentice No. 251 working under my personal supervision.

Signed James Scott

Licensed Embalmer No. 4250

P. O. Address East Prairie, 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.