

Registration District No. 3-47 352 Primary Registration District No. 5493

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Montrose, Rural Deepwater
(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 _____ (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry
(c) City or town Montrose
(If outside city or town limits, write "RURAL")
(d) Street No. Rural (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 10
year 1942 hour 9 minute 30 A.M.

21. I hereby certify that I attended the deceased from 1939 19 4-10 19 42
that I last saw h.e.r. alive on 4-9 19 42
and that death occurred on the date and hour stated above.

Immediate cause of death Streptococci septicemia from ulcer on foot
Due to Chronic Nephritis
Due to Chronic Myocarditis
Other conditions _____
(include pregnancy within 3 months of death)

Duration
3 days
4 years
4 years
PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings:
Of operations _____
Of autopsy 12/f

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 _____ (c) Means of injury _____
23. Signature Dudley D. Neville (M. D. or other) MD
Address Montrose, Mo Date signed 4-12-42

3. (a) PRINT FULL NAME Mary Fonkie
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) ~~Single~~ widowed, married, divorced _____
6. (b) Name of husband or wife Frank Fonkie 6. (c) Age of husband or wife if alive 79 years
7. Birth date of deceased Nov 1 1864 (Month) (Day) (Year)

8. AGE: Years 77 Months 5 Days 10 If less than one day _____ hr. _____ min.

9. Birthplace Ill. (City, town, or county) _____ (State or foreign country) 1

10. Usual occupation Housewife

11. Industry or business _____

12. Name John Richter

13. Birthplace Germany (City, town, or county) _____ (State or foreign country) 4

14. Maiden name Petermia

15. Birthplace Germany (City, town, or county) _____ (State or foreign country) 4

16. (a) Informant Mary Fonkie

(b) Address Montrose

17. (a) Burial (b) Date thereof Apr 13-42 (Month) (Day) (Year)

(c) Place: burial or cremation Montrose

18. (a) Signature of funeral director Lee + Welley

(b) Address Montrose

19. (a) April 12, 1942 (b) Georgia Kitchen (Date received local registrar) (Registrar's signature)

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

RECEIVED

District Health Officer No. 7,

District File Number 5-42-462,

Date Filed 3-6-42

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 me
on the 10th day of April 1947, Registered Apprentice No. _____
working under my personal supervision.

Signed Frank Lee

Licensed Embalmer No. 1099

P. O. Address Appleton City 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.