REC'D SEP 26 1938

# MISSOURI STATE BOARD OF HEALTH
## BUREAU OF VITAL STATISTICS
### CERTIFICATE OF DEATH

29813
Do not use this space.

3

1. PLACE OF DEATH
(a) County Ralls 1 Registration District No. 726
(b) Township Saverton Primary Registration District No. 0947 Registered No.
(c) City (d) Street No. U. S. Government Dam #22 St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred — yrs. — mos. — ds. (f) How long in U. S., if of foreign birth? — yrs. — mos. — ds.

2. PRINT FULL NAME Harry C. Monroe 560
(a) Residence, No. 437 South 6th St. Hannibal, Mo. St. Hannibal, Mo.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Flora O'Brien Monroe

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 20, 1905

7. AGE: YEARS 33 MONTHS 5 DAYS 20 If LESS than 1 day, ....hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Electrician
9. Industry or business in which work was done, as saw mill, bank, etc. E. A. Koeneman Co.
10. Date deceased last worked at this occupation (month and year) Aug. 10, 1938
11. Total time (years) spent in this occupation About 10 yrs Enc.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas

FATHER
13. NAME Sydney L. Monroe
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fort Wayne Indiana

MOTHER
15. MAIDEN NAME Florence Smythe
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jackson Miss.

17. INFORMANT (ADDRESS) Flora Monroe Hannibal, Mo.

18. BURIAL, CREMATION, OR REMOVAL Grand View Cem. Near Ralls Co. Mo. PLACE Hannibal, Mo. DATE Aug. 12 1938

19. FUNERAL DIRECTOR (ADDRESS) Roy P. Schwartz Hannibal, Mo.

20. FILED Aug 16 1938 Blanche Megown Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 10, 1938.

22. I HEREBY CERTIFY, That I attended deceased from no medical attention, 19..., 19...
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ....m.
The principal cause of death and related causes of importance were as follows:

(Cause of Death unknown Came to his death while engaged in his regular employment at said Government Dam #22. Saverton, Mo.

Date of onset

Other contributory causes of importance:

(By Verdict of Jury)

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, ~~suicide, or homicide~~? ..... Date of injury Aug. 10, 1938.
Where did injury occur? Saverton Dam #22 Ralls Co, Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public Place. (Government owned)
Manner of injury unknown
Nature of injury unknown

24. Was disease or injury, in any way related to occupation of deceased?
If so, specify Working at occupation (when death occurred)
(Signed) Clyde C. Wilkey (Coroner Ralls Co.)
(Address) Perry, Mo.
Aug 12, 1938

(Licensed Embalmer's Statement on Reverse Side)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Worked for E. A. Koeneman Co. about 1 yr.

RECEIVED
District Health Officer No. 10
District File Number 10-38-151
Date Filed 9-15-38

**STATEMENT BY LICENSED EMBALMER**

I, Cecil E. Schwartz, Licensed Embalmer No. 2338

hereby certify that the body recorded on the reverse side of this certificate was embalmed by C. E. Schwartz

L. E.

No. 2338 or by —, Registered Apprentice No. —

working under my personal supervision.

Signed Cecil E. Schwartz

Licensed Embalmer No. 2338

**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.)**