REC'D MAR 13 1939

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

7182
Do not use this space.

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5

1. PLACE OF DEATH

(a) County Marion 1 Registration District No. 547

(b) Township Mason Primary Registration District No. 30-29 Registered No. 73

(c) City Hannibal (d) Street No. 1914 Lincoln 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 19 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 560 Sidney Loch Monroe

(a) Residence, No. 1914 Lincoln St.
(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: Florence Smythe Monroe

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 17, 1870

7. AGE: YEARS 68 MONTHS 10 DAYS 2 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Stationary Engineer
9. Industry or business in which work was done, as saw mill, bank, etc.: International Shoe Company
10. Date deceased last worked at this occupation (month and year) ..... (f) Total time (years) spent in this occupation 19

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Elbern, Indiana

FATHER
13. NAME: Don't know
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Don't know.

MOTHER
15. MAIDEN NAME: Don't know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Don't know.

17. INFORMANT (ADDRESS): Florence Smythe Monroe Hannibal, Missouri

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Grand View DATE Feb. 22, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Roy P. Schwartz Hannibal Missouri

20. FILED 2/23, 1939 H C Fisher
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb. 19, 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov 19-37 19.., to Feb 19, 1939
I last saw h..... alive on Feb 17, 1939. Death is said to have occurred on the date stated above, at 4:00 P.m.
The principal cause of death and related causes of importance were as follows:

Carcinoma Lung — Date of onset 9-30-39
Primary seat Lung

Other contributory causes of importance: no 47

Name of operation no Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify .....
(Signed) J. Hardesty, M. D.
4-84 (Address) Hannibal Mo

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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, ...
Cecil E. Schwartz, or by .....
Registered Apprentice No. 2338, working under my personal supervision.

Signed Cecil E. Schwartz

Licensed Embalmer No. 2338

P. O. Address Hamilton, Mo

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

If this body is not embalmed, above space should be left blank.