FEB 26 1940

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

1293
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson 1 — Registration District No. 399

(b) Township Kaw — Primary Registration District No. 1002 — Registered No. 278

(c) City Kansas City 0 — (d) Street No. St. Josephs Hospital 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 0 yrs. 5 mos. 0 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Katherine Rose Monson 525

(a) Residence, No. 3236 Brooklyn 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 13, 1925

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	14	4	7	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Student
9. Industry or business in which work was done, as saw mill, bank, etc. Central Junior High School
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City Kansas 1

FATHER
13. NAME William Harold Monson 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hale Missouri 0

MOTHER
15. MAIDEN NAME Annabelle Deardorff
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hale Missouri

17. INFORMANT (ADDRESS) W. H. Monson 3236 Brooklyn Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Park DATE Jan. 22, 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) K.C.K. Geo. H. Long Kansas City, Kansas

20. FILED Jan. 21, 1940 M. M. Crowe
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 20, 1940, 19

22. I HEREBY CERTIFY, That I attended deceased from Jan. 13, 1940, to January 20, 1940
I last saw her alive on Jan. 20, 1940. Death is said to have occurred on the date stated above, at 3 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia - Lobar Right Lobe - Primary	Jan. 11
108	

Other contributory causes of importance:

Pleural Effusion	Jan. 12

Name of operation no Date of —
What test confirmed diagnosis? X ray Was there an autopsy? —

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? 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) Joseph A. Conrad, M. D.
(Address) 1308 Waldheim Bg.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

50M-1-12-38 I X14028

Jr. Conrad

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, Chas H Rider, or by _____,

Registered Apprentice No. _____, working under my personal supervision.

Signed Chas H Rider

Licensed Embalmer No. 3404

P. O. Address Kansas City, Ks

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, above space should be left blank.