

No. 2
-1-4-41
5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **5818**
590
Registrar's No. _____

MAR 14 1941

Registration District No. **292**

Primary Registration District No. **1002**

48
3
8
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County **Jackson**
(b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
General Hospital #2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1-17-41-2-6-41**
(Specify whether
In this community **40 years**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo.** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **1515 Lydia Ave.**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Della Monroe**
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **2** day **6**
year **41** hour **8** minute **40 A.** M.
21. I hereby certify that I attended the deceased from **1-17-**
19 **41** to **2-6-** 19 **41**
that I last saw her alive on **2-6-** 19 **41**
and that death occurred on the date and hour stated above.

4. Sex **Female** 5. Color or race **Negro**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Sylvester Monroe** 6. (c) Age of husband or wife if alive **Unknown** years
7. Birth date of deceased **11 18 1892**
(Month) (Day) (Year)

Immediate cause of death
Hypertensive Type of Heart Disease
Duration _____

8. AGE: Years Months Days If less than one day
48 2 19 hr. min.

Due to **Hypertension**
Due to _____

9. Birthplace **Gallatin Mo.**
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)
43A

10. Usual occupation **Housewife**

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name **Unknown**

13. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Record Clerk**

(b) Address **Gen. Hosp. #2**

17. (a) **Burial** (b) Date thereof **2/10/41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Highland**

18. (a) Signature of funeral director **Edging & McCoy**

(b) Address **1513 Frost ave.**

19. (a) **2/10/41** (b) **M.M. Brown**
(Date received local registrar) (Registrar's signature)

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?
While at work? _____ (Specify type of place) (e) Means of injury **D**
23. Signature **R. P. ...** (M. D. or other) _____
Address **Gen. Hosp. #2** Date signed **2-7-41**

JAN 10 1949

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

Signed.....

L. J. Harris, Jr.

Licensed Embalmer No. 3388

P. O. Address K.C. 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.