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17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED MAY 16 1949

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

13361

State File No. ....

1342

Registration District No. 299

Primary Registration District No. 1002

Registrar's No. ....

1. PLACE OF DEATH: JACKSON

(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: 1118 Virginia  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 37 Years  
(Specify whether years, months or days)

3. (a) PRINT FULLNAME Nellie M. Monroe

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife G. D. Monroe

6. (c) Age of husband or wife if alive 12 years

7. Birth date of deceased November 12, 1864  
(Month) (Day) (Year)

8. AGE: Years 76 Months 3 Days 21 If less than one day hr. min.

9. Birthplace Indiana  
(City, town, or county) (State or foreign country)

10. Usual occupation Homemaker

11. Industry or business

MOTHER FATHER { 12. Name William Corelle

13. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Johnson

15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Dora Meredith

(b) Address 1118 Virginia

17. (a) Burial (b) Date thereof April 5, 1949  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director C. H. Blackman & Son, Inc.

(b) Address 2825 Independende Blvd. K. C. Mo.

19. (a) Apr 5 1949 (b) M. M. Cronin  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3  
(If outside city or town limits, write "RURAL")

(d) Street No. 1328 Jefferson 8  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 3  
year 1941 hour 6 minute 30 A.M.

21. I hereby certify that I attended the deceased from July 1938 to Apr 3 47  
that I last saw her alive on March 28 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia 1 Week

Due to 10702

Due to 107

Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: Of operations

Of autopsy

Underline the cause to which death should be charged statistically.

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) (e) Means of injury 1

23. Signature S. C. McCornick (M. D. or other)

Address Kan City, Mo Date signed 4-4-49

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

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**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..... *H. D. Blackman* .....

Licensed Embalmer No..... *3639* .....

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.**