'ARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 11 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

24194

State File No.

Registration District No. 2-5-94 Primary Registration District No. 5345 Registrar's No.

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

1. PLACE OF DEATH:

(a) County Wade

(b) City or town Arcola Sac Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: / Rural
(If not in hospital or institution, write street number or location)

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

In this community 7 months

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wade

(c) City or town Arcola, Rural
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME James Warfield Monroe

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Wife Lizzie Monroe

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased May (Month) 16 (Day) 1873 (Year)

8. AGE: Years 69 Months 2 Days 17 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER

12. Name unknown

13. Birthplace unknown (City, town, or county) U (State or foreign country)

MOTHER

14. Maiden name

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

16. (a) Informant Chas Mitchell

(b) Address Everton Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug (Month) (Day) 1942 (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director J. W. Ward

(b) Address Greenfield Mo

19. (a) 8/10/42 (Date received local registrar) (b) Nora A Cyle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 3 year 42 hour 2:30 minute M.

21. I hereby certify that I attended the deceased from 8-1-42, 19, to, 19; that I last saw him alive on 8-1, 19 42 and that death occurred on the date and hour stated above.

Immediate cause of death: Ruptured ulcer Stomach

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

PHYSICIAN

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)

While at work? (e) Means of injury

23. Signature J. D. McTyer (M. D. or other)

Address Greenfield Mo Date signed 8-5-42

1200

(Licensed Embalmer's Statement on Reverse Side)

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 J. W. Ward

Licensed Embalmer No. 2832

P. O. Address Greenfield

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

If this body is not embalmed, fact should be so stated above.

No. 2 ... 21 41
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24184

Registration District No. 94 Primary Registration District No. 5345 Registrar's No.

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

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County Dade

(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 7 mos.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

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

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME James Warfield Monroe

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Lizzie

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased May (Month) 16 (Day) 1873 (Year)

8. AGE: Years 69 Months 2 Days If less than one day ... hr. ... min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name Monroe
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Chas Mitchell
(b) Address Everton, Mo.

17. (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof Aug-6-42 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Greenfield Cem

18. (a) Signature of funeral director J. W. Ward
(b) Address Greenfield, Mo.

19. (a) 8-10-42 (Date received local registrar) (b) Nora Pyle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 3
year 1942 hour ... minute 30 A M.

21. I hereby certify that I attended the deceased from Aug 1 1942 to ..., 19...;
that I last saw him alive on Aug 1, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death

Due to Ruptured Ulcer Stomach

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

117a

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)
(b) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury

23. Signature W. O. Cowan (M. D. ~~or other~~)
Address Greenfield, Mo. Date signed 8-3-42