30747

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 10 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 149 — Primary Registration District No. 5671 — Registrar's No. _____

1. PLACE OF DEATH:

(a) County: Lincoln

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

(c) Name of hospital or institution: 3
(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 _____

2. USUAL RESIDENCE OF DEACESED:

(a) State: Missouri (b) County: St. Charles

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

(d) Street No. 2027 N 4th St. St. Charles Mo
(If rural, give location)

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

3. (a) PRINT FULL NAME: GEORGE DALBERT MONROE

8. (b) If veteran, name war: None

3. (c) Social Security No. 492-01-9401

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Genevieve Monroe

6. (c) Age of husband or wife if alive: 26 years

7. Birth date of deceased: Feb (Month) 11 (Day) 1910 (Year)

8. AGE: Years 32 Months 6 Days 29 If less than one day _____ hr. _____ min.

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

10. Usual occupation: Truck Driver

11. Industry or business _____

FATHER
12. Name: Prince Monroe
13. Birthplace: Lincoln (City, town, or county) County Mo (State or foreign country)

MOTHER
14. Maiden name: Susie Neumann
15. Birthplace: Warren (City, town, or county) County Mo (State or foreign country)

16. (a) Informant: Genevieve Monroe
(b) Address: St. Charles Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Sept 13 1942 (Month) (Day) (Year)
(c) Place: burial or cremation: Oak Grove Cemetery St. Charles

18. (a) Signature of funeral director: Wayne McCoy
(b) Address: Troy Mo

19. (a) Oct. 1-42 (Date received local registrar) (b) Mrs Floyd Jackson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 10 year 1942 hour 3 minute 00 A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw h_____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death: Suicide

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): Suicide

(b) Date of occurrence: Sept. 10-1942

(c) Where did injury occur? Home (City or town) Lincoln (County) Mo (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: Gun

23. Signature: R. C. Kemper (M. D. or other) Coroner

Address: Salisbury Mo Date signed: 9/7/42

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

Licensed Embalmer No.....

P. O. Address.....

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

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

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30747

Registration District No. 179 Primary Registration District No. 5671 Registrar's No.

1. PLACE OF DEATH:
(a) County: Lincoln
(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 years, months or days)
In this community

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: George D. 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
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: Feb (Month) 11 (Day) 1910 (Year)
8. AGE: Years 32 Months 4 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
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. Day 10 year 1942 hour minute M.
21. I hereby certify that I attended the deceased from to 19; that I last saw him alive on 19; and that death occurred on the date and hour stated above.
Immediate cause of death: Suicide by shotgun wounds received from auto
Due to: attached piece of garden hose by exposed pipe of automobile, left engine running
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.

163M

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): Suicide
(b) Date of occurrence: Sept. 10 - 1942
(c) Where did injury occur? Near Truxton (City or town) Lincoln (County) Mo. (State)
(b) Did injury occur in or about home, on farm, in industrial place, in public place? Off road in woods (Specify type of place)
While at work? no (c) Means of injury

23. Signature: R. C. Kemp (M. D. or other) Coroner
Address: Eolia Date signed 11/8/42

SUPPLEMENTARY