

-FILED JUN 7 1944

State File No. \_\_\_\_\_

Registration District No. 157

Primary Registration District No. 3023

Registrar's No. 92

## 1. PLACE OF DEATH:

(a) County HENRY  
 (b) City or town CRINTON  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
412 W. JEFFERSON ST. 1  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution NO  
 (Specify whether  
 In this community 70 YEARS  
 years, months or days)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Henry 11  
 (c) City or town Clinton  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 412 W. Jefferson  
 (If rural, give location)  
 (e) Citizen of foreign country? NO (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME JAMES MONROE3. (b) If veteran, name war NO 3. (c) Social Security No. NO4. Sex MALE 5. Color or race W. 6. (a) Single, widowed, married, divorced MARRIED6. (b) Name of husband or wife MURTE MONROE 6. (c) Age of husband or wife if alive 64 years7. Birth date of deceased OCT 20 1858  
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day  
85 6 29 hr. min.9. Birthplace WISCONSIN  
(City, town, or county) (State or foreign country)10. Usual occupation CARPENTER

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
 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 Mrs Myrtle Monroe  
(b) Address Clinton MO17. (a) Burial (b) Date thereof MAY 21-44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Englewood, Gen18. (a) Signature of funeral director J. A. Dausant(b) Address Clinton MO19. (a) May 20, 1944 (b) Georgia Kitchen  
(Date received local registrar) (Registrar's signature)

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19  
year 1944 hour 6:15 minute P M.21. I hereby certify that I attended the deceased from March, 1942, to May 19, 1944,  
that I last saw him alive on May 19, 1944,  
and that death occurred on the date and hour stated above.Immediate cause of death Valvular heart disease  
hypertension Bright's disease  
Due to \_\_\_\_\_Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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 \_\_\_\_\_

23. Signature Joseph B. Dill (M.D. or other) M.D.  
Address Clinton, MO Date signed 4-20-44

Duration

2 yrs.  
1 yr.

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 7

District File Number 5-44-706

Date Filed 6-6-44

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, ~~only~~

Registered Apprentice No.

working under my personal supervision.

Signed

*A. D. Carisaut*

Licensed Embalmer No. 3779

P. O. Address Clinton Mo

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.