

FILED AUG 21 1946

Registration District No. _____

Primary Registration District No. 1000

Registrar's No. 859

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days (Specify whether
In this community 50 years (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 1504 Mitchell Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

William Cornelius Monfort

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male 0
5. Color or race White

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

6. (b) Name of husband or wife Margaret Monfort

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased January 23 1873
(Month) (Day) (Year)

8. AGE: Years 73 Months 6 Days 3 If less than one day hr. min.

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

10. Usual occupation Screen-Sash Door Mfg. Co

11. Industry or business Contractor

12. Name B. Cornelius Monfort

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

14. Maiden name Katherine Smallwood

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

16. (a) Informant Margaret Monfort
(b) Address 1504 Mitchell St. Joseph, Missouri

17. (a) Burial (b) Date thereof 7/29/1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery
(a) Signature of funeral director Walter Meierhoff

(b) Address 1302 Faraon St. Joseph, Missouri

19. (a) July 30, 1946 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26th.
year 1946 hour 10 minute 45 P. M.
viewed July 28th 48

21. I hereby certify that I attended the deceased from July 28th 1946 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 Injuries received
When struck by Auto as a Pedestrian
Duration _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: Accident 131

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence July 28th 1946

(c) Where did injury occur? St. Joseph, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

Public place 988 (Specify type of place)
While at work? (e) Means of injury Auto 3

23. Signature B. M. Todd Coronor
(M. D. or other)

Address King Hill Bldg Date signed 7/29/46

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

21670

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 *Albert C. Harrington*

Licensed Embalmer No. *3258* *Missouri*

P. O. Address *St. Joseph, Missouri.*

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.