V. S. No. 2
00M—8-43
ev. 5-17-39
Div I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

24508

State File No.

FILED AUG 8 1946

Registration District No. 5880 237

Primary Registration District No. 5880

Registrar's No.

1. PLACE OF DEATH:

(a) County Osage

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

(c) Name of hospital or institution:
Linn, Mo. R D. 1
(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 Missouri (b) County Osage 76

(c) City or town Linn, Mo., R D. 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME Angelee Monroe

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Infant 0

6. (b) Name of husband or wife

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

7. Birth date of deceased July 9th, 1946 (Month) (Day) (Year)

8. AGE: Years | Months | Days | If less than one day 4 hr. min.

9. Birthplace Linn, Mo. R D. (City, town, or county) 0 (State or foreign country)

10. Usual occupation Infant

11. Industry or business

MOTHER FATHER

12. Name Alvin Monroe

13. Birthplace Linn, Mo. R D. (City, town, or county) 0 (State or foreign country)

14. Maiden name Imogene Mosley

15. Birthplace Linn, Mo. R D. (City, town, or county) 0 (State or foreign country)

16. (a) Informant Alvin Monroe

(b) Address Linn, Mo. R D.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/10/46 (Month) (Day) (Year)

(c) Place: burial or cremation Pointers Creek

18. (a) Signature of funeral director Clyde Morton

(b) Address Box 144, Linn, Mo.

19. (a) July 10-1946 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9th, year 1946 hour 10 minute - A.M.

21. I hereby certify that I attended the deceased from 8 AM July 9 1946 to 10 AM July 9 1946 that I last saw him alive on July 9 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Respiratory failure — Duration

Due to Premature Birth

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 159

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:

(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 Norman W. Baldwin (M. D. or other) DO

Address Linn Date signed 7-11-46

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

25 N (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9
District File Number 8-46-87
Date Filed 8-7-46

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 Vernon M. Moiton

Licensed Embalmer No. 4125

P. O. Address Linn, 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.