. S. No. 2
0M—1/47
ev. 5-17-39

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

FEDERAL SECURITY AGENCY
In National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41813

FILED JAN 2 1948

Registration District No. 749

Primary Registration District No. 1002

Registrar's No. 5320

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: 309 Garfield Com Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 Months (Specify whether

In this community 30 Yrs 4
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 309 Garfield 0
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME James T. Monroe

3. (b) If veteran, name war No

3. (c) Social Security No. unknown

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Divorced 3

6. (b) Name of husband or wife Mary Monroe

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

7. Birth date of deceased Mar 4 1875
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
72	9	14	hr. min.

9. Birthplace Pa. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Painter

11. Industry or business

FATHER
12. Name Worley Monroe
13. Birthplace Pa. 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name No record
15. Birthplace no record 9
(City, town, or county) (State or foreign country)

16. (a) Informant James O. Monroe
(b) Address 1512 East 29 St.

17. (a) Removal (b) Date thereof Dec. 19 1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Carthage Missouri

18. (a) Signature of funeral director Mrs C.L. Forster
(b) Address 918 Brooklyn

19. (a) 12-18-47 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 18th.
year 1947 hour 12 minute 45 A. M.

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

	Duration
Immediate cause of death Coronary Sclerosis	
Due to Arterio sclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 93 d

Of autopsy no
Hectory & Inspection

PHYSICIAN

Underline the cause of 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? 2
(Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M. D. ~~or other~~) Coron
Address 1424 [illegible] Date signed 12-18-47

Jefferson City Printing Co.

(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 Joe B. Yoder

Licensed Embalmer No. 4173

P. O. Address 918 Brooklyn

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.

K. C Mo.