

No. 2  
A-5-43  
5-17-39  
I X36671

FILED SEP 25 1948  
Registration District No. **147**

Primary Registration District No. **1002**

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

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:  
**426 GREENWAY TERRACE 1**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community **64 YEARS**  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **JACKSON**  
(c) City or town **KANSAS CITY**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **426 GREENWAY TERRACE**  
(If rural, give location)  
(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **BESSIE MONNETT**

3. (b) If veteran, name war **NO** 3. (c) Social Security No. **None**

4. Sex **FEMALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, **2 divorced WIDOWED**

6. (b) Name of husband or wife **JOHN E. MONNETT** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **NOVEMBER 7 1883**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**64 10 7** hr. \_\_\_\_\_ min.

9. Birthplace **KANSAS CITY MISSOURI**  
(City, town, or county) (State or foreign country)

10. Usual occupation **HOUSE WIFE**

11. Industry or business **AT HOME**

MOTHER FATHER { 12. Name **T. H. MOORE** 9  
13. Birthplace **unknown**  
(City, town, or county) (State or foreign country)

14. Maiden name **MARGARET B. VANDERSHICE**

15. Birthplace **WHITE CLOUD KANSAS**  
(City, town, or county) (State or foreign country)

16. (a) Informant **HOWARD N. MONNETT**

(b) Address **2722 W 75 STREET**

17. (a) **Burial** (b) Date thereof **9/17/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Forest Hill**

18. (a) Signature of funeral director **D. W. Newman's Sons**

(b) Address **1401 B and C St Bldg**

19. (a) **9-15-48** (b) **Thereldine Holmes**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **SEPTEMBER** 14  
year **1948** hour **10** minute **25** P.M.

21. I hereby certify that I attended the deceased from **June 1945** to **Sept 14 1948**  
that I last saw him alive on **Sept 14 1948**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of uterus -** Duration **5 yrs.**

Due to **with metastases to liver + lungs**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **48K**  
Of autopsy **no**

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? **8**

While at work: (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature **M B Campbell MD** (M.D. or other)  
Address **4000 Baltimore Rd** (City or town) (State) **9/15/48**

4000 Kalamazoo

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**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 Jess T. News

Licensed Embalmer No. 4453

P. O. Address Kansas City

**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.**