

FILED MAR 12 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

5400
688

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No.	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>10 Yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wheatley Provident Hosp</u>				d. STREET ADDRESS (If rural, give location) <u>2528 1/2 Park ave</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Felicia</u> b. (Middle) <u>Bell</u> c. (Last) <u>Monroe</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb- - - - 13 1949</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Colored</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Jan. 9 - 1904</u>	
9. AGE (In years last birthday) <u>45</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 HR. Hours _____ Mins. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>		11. BIRTHPLACE (State or foreign country) <u>Lee's Summit, MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>James B. Locke</u>			13b. MOTHER'S MAIDEN NAME <u>Rose Smith</u>		14. NAME OF HUSBAND OR WIFE <u>Rudolph W. Monroe</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>			16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Rudolph W. Monroe 2528 1/2 Park</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Rupture into vagina of Uterus & Bladder</u> INTERVAL BETWEEN ONSET AND DEATH <u>14 hrs</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of Cervix</u> <u>18 Mos.</u> DUE TO (c) _____					II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Bilateral Hydrocystis & Hydrocephalus</u>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>171X</u>					20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>Nov 1947</u> , to <u>Feb 13, 1949</u> , that I last saw the deceased alive on <u>Feb 12, 1949</u> , and that death occurred at <u>5:35</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>W. H. Goodson, Jr MD</u>				23b. ADDRESS <u>Kansas City MO</u>		23c. DATE SIGNED <u>2/13/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb. 15. 49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lincoln Cemetery K.C.</u>		24d. LOCATION (City, town, or county) (State) <u>MO.</u>	
DATE REC'D BY LOCAL REG. <u>2-14-49</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>West-Appleton & Jones</u>		ADDRESS <u>K.C. MO.</u>	

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

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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 _____

Student Embalmer No. 267

working under my personal supervision

Student Napoleon Jordan
Student Embalmer

Signed C. H. West

Licensed Embalmer No. 2710

P. O. Address Kansas City, 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.