

REC'D NOV 21 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

34545  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Dachson Registration District No. 399  
 (b) Township Law Primary Registration District No. 1002  
 (c) City N. C. Mo (d) Street No. 1420 Colorado Registered No. 3881  
 (If death occurred in Hospital or Institution, write its name instead of street and number) St. \_\_\_\_\_  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 566 Grace Lee Monroe  
 (a) Residence, No. 1420 Colorado St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Andrew J. Monroe  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 25-1880  
 7. AGE YEARS 58 MONTHS 5 DAYS 10 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired  
 9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ny  
 FATHER 13. NAME Benjamin R. Burton  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ny  
 MOTHER 15. MAIDEN NAME Lucy A. Vincent  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ny  
 17. INFORMANT Nurbert Monroe  
 (ADDRESS) 530 East 24 St  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Marion Mo DATE Oct-6-1938  
 19. FUNERAL DIRECTOR (NAME) A. P. Decker  
 (ADDRESS) \_\_\_\_\_  
 20. FILED Oct 5 1938 M. M. Crowe  
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 5 1938  
 22. I HEREBY CERTIFY, That I attended deceased from Sep. 19, 1938, to Oct 5, 1938.  
 I last saw h. 24 alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 7:55 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Cerebral hemorrhage Date of onset Oct 1, 1938  
220  
 Other contributory causes of importance:  
apoplexy + Paralysis  
 Name of operation no Date of \_\_\_\_\_  
 What test confirmed diagnosis Symptoms Was there an autopsy? no  
 23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? no Date of injury no, 19no  
 Where did injury occur? no (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. no  
 Manner of injury no  
 Nature of injury no  
 24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify J. F. Mackay  
 (Signed) J. F. Mackay M. D.  
 (Address) Marion Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

---

---

**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 .....

Licensed Embalmer No. ....

P. O. Address .....

**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, above space should be left blank.**