

REG. JAN 13 1938

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

41670

Do not use this space.

4736

## 1. PLACE OF DEATH

(a) County Jackson Registration District No. 399  
(b) Township Kaw Primary Registration District No. 1002  
(c) City Kansas City or (d) Street No. 429 Smalley St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(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

(a) Residence, No. 429 Smalley 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 Fe 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Walter Monroe

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 10 1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
65 4 23

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None  
9. Industry or business in which work was done, as saw mill, bank, etc. None  
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) Ohio13. NAME Abel Phillips14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record15. MAIDEN NAME Rebecca Williams16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record17. INFORMANT (ADDRESS) Jas. Monroe  
426 Blue Ridge18. BURIAL, CREMATION, OR REMOVAL PLACE Greenhauon DATE Dec 5 193819. FUNERAL DIRECTOR (NAME) (ADDRESS) Geo C K Fowler  
718 Brooklyn20. FILED Dec 5 1938 M. M. Brown  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 2 193822. I HEREBY CERTIFY, That I attended deceased from Oct 1 1938 to 12 12 1938I last saw him alive on Nov 20 1938. Death is said to have occurred on the date stated above, at.....m.

The principal cause of death and related causes of importance were as follows:

Cerebral Thrombosis

Other contributory causes of importance:

Hypertension

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury..... 19.....

Where did injury occur?..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify..... (Signed) W. Allen, M. D.(Address) 10307 Indip Ave Reno

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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.....

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.**