

REC'D APR 13 1939

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

11041

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 398
 (b) Township _____ Primary Registration District No. 3019 Registered No. 97
 (c) City Independence, Mo. (d) Street No. _____ 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

560 Carrie Gardner Munro
 (a) Residence, No. 330 South Grand Ave. 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) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF C. L. Munro
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 26, 1855
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
83 7 14

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Housewife
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) St. John Co.
 (STATE OR COUNTRY) New Brunswick, Canada.

FATHER 13. NAME John L. Forrester
 14. BIRTHPLACE (CITY OR TOWN) Canada
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME sybil Carpenter
 16. BIRTHPLACE (CITY OR TOWN) Canada
 (STATE OR COUNTRY)

17. INFORMANT C. L. Munro
 (ADDRESS) Independence, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Mound Grove Cem. DATE March 16, 1939

19. FUNERAL DIRECTOR Cato & Speaks Funeral Home
 (ADDRESS) Independence, Mo.

20. FILED 3-18-39 J. L. Cook
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-14, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1930, to March 14, 1939.
 I last saw her alive on March 13, 1939. Death is said to have occurred on the date stated above, at 6:59 a.m.

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

Feb 1, 1939
Arteriosclerosis
of the aorta.
Myocardium
22/1939

Other contributory causes of importance:
Sanitary
ADW

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? yes

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) J. L. Cook M. D.
Independence, Mo.
 (Address)

STATEMENT BY LICENSED EMBALMER

I, Roland R. Speaks, Licensed Embalmer No. 3604
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E.
No. or by, Registered Apprentice No.
working under my personal supervision.

Signed Roland R. Speaks
Licensed Embalmer No. 3604

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.)