

Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No. **2562**

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: **St. Josephs Hospital**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community **2 years 4 months**
years, months or days)

3. (a) PRINT FULL NAME **CARL KENTON MONROE 560**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **none**

4. Sex **Male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **single**

6. (b) Name of husband or wife **none** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **February 6, 1938**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
2 4 16 hr. min.

9. Birthplace **Kansas City Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Infant**

11. Industry or business _____

12. Name **Carl A. Monroe**

13. Birthplace **Moline, Kansas**
(City, town, or county) (State or foreign country)

14. Maiden name **Muriel R. Bosch**

15. Birthplace **Kansas City Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Carl A. Monroe**

(b) Address **3016 East 12 St.**

17. (a) **Burial** (b) Date thereof **6/24/40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Memorial Park, K.C.K.**

18. (a) Signature of funeral director **Charles H. King**

(b) Address **Kansas City, Kansas**

19. (a) **June 24, 1940** (b) **M. M. Stone**
(Date received local registrar) (Registrar's signature)

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. **3016 East 12 St.**
(If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **6** day **22-40**
 year _____ hour **10** minute **30 P.M.**

21. I hereby certify that I attended the deceased from **6-21-40**, 19____, to **6-22-40**, 19____;
 that I last saw him alive on **6-22-40**, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death: **Industrial Obstruction**
Generalized Peritonitis
 Due to **Strangulated Small Bowel**
 Due to **Perit. Neckles Omentoculitis**
 Other conditions: **12/20/38**
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings: **Strangulated Bowel**
 Of operations _____
 Of autopsy **abn**

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? _____

While at work? _____
(Specify type of place) (e) Means of injury _____

23. Signature **Charles H. King** (M. D. or other) _____
 Address **Kansas City** Date signed _____

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

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 Chas. H. Rider

Licensed Embalmer No. 2404

P. O. Address Kansas City, Kan.

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.