S. No. 2
—11-10-39
v. 5-17-39
I X21492

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

FILED AUG 14 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24153

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 2763

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City 1
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Gen. Hospital #2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether years, months or days)

In this community 24 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 1415 E. 17th St
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME EDNA MONROE

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race Negro

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Cornelius Monroe

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Dec 20th 1893
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
46	6	15	hr. min.

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

10. Usual occupation Maid work 1

11. Industry or business

FATHER
12. Name Oliver Blythe 1
13. Birthplace Silver Creek Ky. 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Ellen White
15. Birthplace K. C. Kansas
(City, town, or county) (State or foreign country)

16. (a) Informant Ellen Lawson
(b) Address 1413 E. 16th St. K.C. Mo.

17. (a) Blue Ridge (Burial, cremation, or removal) (b) Date thereof July 10, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation K. C. Mo.

18. (a) Signature of funeral director E. Sterling Bills
(b) Address 1811 E. 12th St. K.C. Mo.

19. (a) July 9, 1940 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month day 7-5-40
year hour minute 10:30 P.M.

21. I hereby certify that I attended the deceased from 10:30 P.
, 19 , to , 19 ;
that I last saw alive on , 19 ;
and that death occurred on the date and hour stated above.

Deputy Coroner

Immediate cause of death Acute pulmonary congestion

Due to Hypertrophy of the heart

Due to

Other conditions 95 B
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

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?
(Specify type of place)
While at work? (e) Means of injury 5

23. Signature Arthur M. Fuller (M. D. or other)
Address K. C. Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 E. Sterling Bills

Licensed Embalmer No. 5178

P. O. Address 9816 S. 12th St.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.