

JAN 8 1941 399

Primary Registration District No. 1002

Registration District No. \_\_\_\_\_

Registrar's No. \_\_\_\_\_

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

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:  
3725 Michigan  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution no 2  
(Specify whether  
 In this community 62 years.  
years, months or days)

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. 3725 Michigan  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A.? no. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 24th  
 year 1940 hour 7:40 minute A. M.  
 21. I hereby certify that I attended the deceased from Dec-15-  
1940 to Dec-24 1940  
 that I last saw him alive on Dec-24 1940  
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage  
 Due to arterio-sclerosis  
 Due to \_\_\_\_\_  
 Other conditions Stomach  
(Include pregnancy within 3 months of death)

Duration \_\_\_\_\_  
 PHYSICIAN \_\_\_\_\_  
 Underline (the cause to which death should be charged statistically).

3. (a) PRINT FULL NAME Dr. George S. Monser  
 3. (b) If veteran, name war no. 3. (c) Social Security No. no.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Mrs. Ellen Carlat Monser 6. (c) Age of husband or wife if alive 77 years  
 7. Birth date of deceased January 4 1863  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>11</u>	<u>20</u>	hr. _____ min. _____

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

10. Usual occupation Dentist

11. Industry or business X

MOTHER FATHER { 12. Name Rev. John C. Monser  
 13. Birthplace England  
(City, town, or county) (State or foreign country)  
 14. Maiden name Laura Hook  
 15. Birthplace Maryland  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ellen Monser  
 (b) Address 3725 Michigan, Kansas City, Mo.

17. (a) \_\_\_\_\_ (b) Date thereof 12-26-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation not in our care

18. (a) Signature of funeral director Stine & McClure

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 12-26-40 (b) M. M. Grove  
(Date received local registrar) (Registrar's signature)

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 James E. Walker (M. D. or other) \_\_\_\_\_  
 Address 11424 profanity Date signed 12-26-40

Dr. James C. Walker

Prof. Biology  
No. 0236

W. S. J. S.

**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. M. Plouck

Licensed Embalmer No. 1848

P. O. Address K. C. Mo

**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.**