No. 2
-1-4-41
5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 12 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17987

Registration District No. 384 Primary Registration District No. 4227 Registrar's No.

1. PLACE OF DEATH:
(a) County: HOWELL
(b) City or town: WEST PLAINS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community: 2 yrs 6 mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State: MISSOURI (b) County: HOWELL
(c) City or town: WEST PLAINS
(If outside city or town limits, write "RURAL")
(d) Street No. /
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: WILLIAM JAMES MONROE
3. (b) If veteran, name war: No
3. (c) Social Security No.
4. Sex: MALE
5. Color or race: WHITE
6. (a) Single, widowed, married, divorced: WIDOWED
6. (b) Name of husband or wife: Eliz. L. Easley MONROE
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: MARCH (Month) 22 (Day) 1867 (Year)

8. AGE: Years 74 Months 2 Days 3 If less than one day hr. min.

9. Birthplace (City, town, or county) Ky. (State or foreign country)
10. Usual occupation: NONE
11. Industry or business: ~~GEO. W. T. MONROE~~
FATHER
12. Name: GEO. W. T. MONROE
13. Birthplace: BARRON Co., (City, town, or county) Ky (State or foreign country)
MOTHER
14. Maiden name: SARAH E. WEST
15. Birthplace: Unknown (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Lyle Harbaugh
(b) Address: WEST PLAINS, Mo.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: MAY 26, 1941 (Month) (Day) (Year)
OAK LAWN CEM
(c) Place: burial or cremation: WEST PLAINS, Mo.
18. (a) Signature of funeral director: Hal Thomburgh
(b) Address: WEST PLAINS, Mo.
19. (a) 5-26-41 (Date received local registrar) (b) Vida W. Simons (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 25 year 1941 hour 2: minute 00 P. M.
21. I hereby certify that I attended the deceased from Aug 22 1939 to May 25 1941; that I last saw h. alive on April 17 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic pyelonephritis	
Due to: Chronic prostatic hypertrophy	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations: Bladder operation for kidney in Nov 1938.
Of autopsy: Dr W.S. Sewell, Springfield Mo.

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

23. Signature: Roland Bohner (M. D. or other) MD
Address: West Plains Date signed 5-27-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5,
District File Number 641695
Date Filed

APR 11 1951

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 Hal Thoroughman

Licensed Embalmer No. 3408

P. O. Address West Plains,

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, fact should be so stated above.