

No. 2
4-13-40
5-17-39
I X23159

REGISTERED AUG 14 1941
Registration District No. 40408

Primary Registration District No. 3020

Registrar's No. 115

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution:
218 N Garrison
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None
(Specify whether years, months or days)

In this community 60 Years

2. USUAL RESIDENCE OF DECEASED: 049

(a) State Missouri (b) County Missouri Jasper

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

(d) Street No. 218 N Garrison
(If rural, give location)

(e) If foreign born, how long in U. S. A? 0 years.

3. (a) PRINT FULL NAME Walter Monk

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Mattie

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

7. Birth date of deceased Sept. 23 1964
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>2</u>	<u>5</u>hr.min.

9. Birthplace Smethwick England 4
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Railroad Man

11. Industry or business None

MOTHER FATHER { 12. Name Charles Monk

13. Birthplace Unknown England 4
(City, town, or county) (State or foreign country)

14. Maiden name Mary Ann Lester

15. Birthplace Unknown England 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Mattie Monk

(b) Address 218 N Garrison

17. (a) Burial (b) Date thereof July 30 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Cemetery

18. (a) Signature of funeral director Knell Mortuary

(b) Address Carthage Mo.

19. (a) July 30, 1941 (b) E. J. McIntire, M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July Day 28
year 1941 hour 4:45 minute 8 M.

21. I hereby certify that I attended the deceased from June 16, 1941, to July 28, 1941;
that I last saw him alive on July 28, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Senility with dementia

Due to 10/0

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: None

Of operations None

Of autopsy None

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature R. A. Webster (M. D. or other) D
Address Carthage Mo Date signed July 30 1941

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

19
13-1

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 *John D. Batchelder*
Licensed Embalmer No. *4153*
P. O. Address *Carthage MS*

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.