

DEC 22 1941

Registration District No. **399**

Primary Registration District No. **1002**

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:  
**General Hospital No. 2**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **11-8-41-11-12-41**  
(Specify whether  
In this community **32 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. **1816 Charlotte**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **12**  
year **1941** hour **11** minutes **35 a.** M.

21. I hereby certify that I attended the deceased from **November 8**, 19**41**, to **November 12**, 19**41**,  
that I last saw him alive on **November 12**, 19**41**,  
and that death occurred on the date and hour stated above.

Immediate cause of death **Pyelonephrosis** Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions **Perinephritic abscess, Purulent cystitis**

Major findings:  
Of operations \_\_\_\_\_

Of autopsy **Same as above**

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 **[Signature]**  
Address **Gen. Hosp #2-600 E. 22** Date signed **11-13-41**

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

3. (a) PRINT FULL NAME **ROBERT MONROE**  
3. (b) If veteran, name war **no** 3. (c) Social Security No. **no**

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

6. (b) Name of husband or wife **Unknown** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **December 18 1882**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**58 10 25** hr. min.

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

10. Usual occupation **Unemployed**

11. Industry or business \_\_\_\_\_

12. Name **Walter Monroe**

13. Birthplace **Platte County Missouri**  
(City, town, or county) (State or foreign country)

14. Maiden name **Victoria Tunner**

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

16. (a) Informant **Record Clerk**

(b) Address **General Hospital No. 2**

17. (a) **Burial** (b) Date thereof **11-16-41**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Old Quindars**

18. (a) Signature of funeral director **[Signature]**

(b) Address **440 State St. J. St. Jones**

19. (a) **11-15-41** (b) **[Signature]**  
(Date received local registrar) (Registrar's signature)

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.....

*Eugene English*  
working under my personal supervision.

Registered Apprentice No.....

Signed.....

*Eugene English*

Licensed Embalmer No. *4105*

P. O. Address *N. O. Kansas*

**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.**