

Registration District No. 24 1943

Primary Registration District No. 1002

Registrar's No. 4739

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:
426 Greenway Terrace
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 37 Years / (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mr. John Elbert Monnett

3. (b) If veteran, name war None 3. (c) Social Security No. 495-03-3619

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Mrs. Bessie Monnett 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased December 9 1880
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>61</u>	<u>0</u>	<u>9</u>	hr. _____ min.

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

10. Usual occupation Salesman 35 Years

11. Industry or business Ridenour Baking Grocery Co.

12. Name Norman Monnett

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

14. Maiden name Jennie Sawyer

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant Howard N. Monnett

(b) Address 215 W. 62nd St.

17. (a) Burial (b) Date thereof Dec. 20, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

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

(b) Address 1401 Brush Creek Blvd.

19. (a) _____ (b) M. M. Crown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 048

(c) City or town Kansas City 1
(If outside city or town limits, write "RURAL")

(d) Street No. 426 Greenway Terrace
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 18th
year 1941 hour 12 minute 50 P. M.

21. I hereby certify that I attended the deceased from June 1941
to Dec 18, 1941, 19____;
that I last saw him live on Dec 18, 1941, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis 3 yrs.
10 yrs.

Due to Arteriosclerosis

Due to Chronic nephritis 3 years.

Other conditions 131B
(Include pregnancy within 3 months of death)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings:
Of operations no

Of autopsy no

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 M. B. Carhart M.D. (M. D. or other) _____
Address 715 Argyle Bldg. K.C. Mo.

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

48 mg

Dr. M. B. Casbolt
715 Angell Bldg.
2:30 - 4:30

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.....

Licensed Embalmer No.....

P. O. Address.....

-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.