

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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

7739

FILED MAR 18 1942

State File No. ....

Registration District No. ....

Primary Registration District No. 6024A

Registrar's No. 2

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

1. PLACE OF DEATH:

(a) County St. Francois  
(b) City or town Desloge R. 1 N. 14th. Juv  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois  
(c) City or town Desloge  
(If outside city or town limits, write "RURAL")  
(d) Street No. Main (If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Frank W. Monroe

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 292-01-2287

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 2 day 13 year 1942 hour 10 minute 100 M.

4. Sex male 5. Color or race white  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Effie Monroe 6. (c) Age of husband or wife if alive 55 years  
7. Birth date of deceased Jan. 3 1878  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 2-13 1942 to 2-13 1942  
that I last saw him alive on 2-12 1942  
and that death occurred on the date and hour stated above.

8. AGE: Years 64 Months 1 Days 10 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death: sclerosis coronary artery  
Due to atherosclerosis  
general  
Due to \_\_\_\_\_

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

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

10. Usual occupation machinest

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

Major findings: Of operations \_\_\_\_\_ Of autopsy \_\_\_\_\_  
940  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

MOTHER FATHER { 12. Name James Monroe  
13. Birthplace New York  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Boyer  
15. Birthplace Old Mines Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Effie Monroe

(b) Address Desloge Missouri

17. (a) Burial (b) Date thereof 2-16-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park View

18. (a) Signature of funeral director C. J. Boyer

(b) Address Desloge Missouri

19. (a) 2-15-42 (b) Byrdie S. Bachmester  
(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 M. G. Gable (M. D. or other) \_\_\_\_\_  
Address Desloge Mo Date signed 2/17/42

RECEIVED

Health Officer No. 4  
File Number 342-311  
3-11-42

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 C. J. Bagler  
Licensed Embalmer No. 1671  
P. O. Address Wesley 210

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.