

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED DEC 18 1942

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4555

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: Clark Convalescent Home-2843 Troost Avenue  
(If not in hospital or institution, write street number or location)  
-- 4 Years  
(d) Length of stay: In hospital or institution 5 Years (Specify whether 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. 5436 Indiana Avenue  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country. -P

3. (a) PRINTED FULL NAME Mr. Allen Monroe

3. (b) If veteran, name war No  
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 Mrs. Mary Rooke Monroe  
6. (c) Age of husband or wife if alive 78 years  
7. Birth date of deceased October 14 1859  
(Month) (Day) (Year)

8. AGE: Years 83 Months 1 Days 22  
If less than one day hr. min.

9. Birthplace Indianapolis Indiana  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Passenger Conductor  
Santa Fe R. R.

11. Industry or business  
12. Name Jacob Monroe  
13. Birthplace Virginia  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary E. Appleton  
15. Birthplace Indiana  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary Rooke Monroe  
(b) Address 5436 Virginia

17. (a) Removal (b) Date thereof Dec. 9, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Emporia, Kansas  
18. (a) Signature of funeral director D. H. Newcomer  
1401 Brush Creek Blvd.  
(b) Address

19. (a) 12-8-42 (b) M. M. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 6th 1942  
Month December day 6th  
year 1942 hour 12 minute Midnight

21. I hereby certify that I attended the deceased from about Oct 1/4  
....., 19....., to 12-6-....., 19.....  
that I last saw him alive on 12-6-42  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute dilatation of heart  
Due to old age  
General Arteriosclerosis  
Due to AS

Duration 2 days  
7 1/2

Other conditions (Include pregnancy within 3 months of death)

Major findings:  
Of operations none  
Of autopsy none

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 (c) Means of injury.....  
22. Signature Frederick A. Baldwin M.D.  
Address 317 Apple Bldg Date signed 12/7/42

H. E. Tins

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

MOTHER FATHER

317 Argyle Bldg  
10-4

**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 *R. C. Newcomer Jr*

Licensed Embalmer No. 49430

P. O. Address *R. C. Newcomer Jr*

**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.**