

FILED MAR 5 1943
Registration District No. 179

Primary Registration District No. 1002

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

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 Connley Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 wks. (Specify whether)
 In this community 50 Years
 years, months or days

3. (a) PRINT Full Name William Albert McMonigal
 (b) If veteran, name war no
 (c) Social Security No. no

4. Sex Male
 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Elizabeth Catherine McMonigal
 6. (c) Age of husband or wife if alive years
 7. Birth date of deceased December 30 1850
 (Month) (Day) (Year)

8. AGE: Years 92 Months I Days 18 If less than one day 17 hr. min.

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

10. Usual occupation Carpenter Retired

11. Industry or business

12. Name Jacob McMonigal

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

14. Maiden name Nancy Stonebraker

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

16. (a) Informant Mrs. Irene McMonigal

(b) Address 2949 Main Street,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-20-1943
 (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director Mrs. C.L. Forster

(b) Address Kansas City, Missouri

19. (a) 2-20-43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

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. 2949 Main (If rural, give location)
 (e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 17
 year 1943 hour 3 minute 0 M.
 21. I hereby certify that I attended the deceased from Sept 1
1942 to Feb 17 1943
 that I last saw him alive on Feb 17 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia
Bronchial

Duration 1 week

Due to Lowered resistance
of senility

Due to Chronic Myocarditis
Chronic Myocarditis

Other conditions Arteriosclerosis
 (Include pregnancy within 3 months of death)

Major findings: Of operations 970
 Of autopsy

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) (e) Means of injury
 Signature R.D. Driscoll M. D. or other
 Address 714 Chambers Bldg State signed 2/19/43

Dr. Richard P. Brennan
Chambers, D.C.
VI 4940

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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 *Richard C. Browning*
Licensed Embalmer No. 2724
P. O. Address *R. C. No.*

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.