. S. No. 2
OM—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 27 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5370

Registration District No. 49

Primary Registration District No. 1002

Registrar's No. 687

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: 2407 Campbell
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 25 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. 2407 Campbell
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Nellie Holland Monroe

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Fe

5. Color or race Col

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

6. (b) Name of husband or wife Wm. H. Monroe

6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased March (Month) 21, (Day) 1917 (Year)

8. AGE:

Years	Months	Days	If less than one day
25	10	13	hr. min.

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

10. Usual occupation Housework

11. Industry or business

FATHER
12. Name Earl Holland
13. Birthplace Readsville (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Zenobia Ritchie
15. Birthplace St. Joseph (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Zenobia Holland
(b) Address 2407 Campbell

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 2/8/43 (Month) (Day) (Year)
(c) Place: burial or cremation Lincoln Cemetery

18. (a) Signature of funeral director Watkins Bros.
(b) Address 1729 Lydia

19. (a) 2-9-43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 4th year 1943 hour 7 minute 55 A.M.

21. I hereby certify that I attended the deceased from January 18, 1943 to February 4, 1943 that I last saw her alive on February 4, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bilateral Pneumonia	18 days
Due to 33 a	
Due to	
Other conditions Influenza (Include pregnancy within 3 months of death)	20 days

Major findings:
Of operations —
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)

While at work? (e) Means of injury

23. Signature D. M. Miller (M. D. or other)

Address 1605 E. 18 Kla. Mo. Date signed 2-6-43

(Licensed Embalmer's Statement on Reverse Side)

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 Isaac J. Manlove

Licensed Embalmer No. 3994

P. O. Address 2503 Highland

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.