

FILED APR 5 1943  
Registration District No. 118

Primary Registration District No. 3017

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

1. PLACE OF DEATH:

(a) County Cooper  
(b) City or town Boonville  
(c) Name of hospital or institution:  
Dr. Alex VanRavenswaay Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 13 days  
(Specify whether  
In this community 8 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper 27  
(c) City or town Boonville 1  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1104 South 4th Street 6  
(If rural, give location)  
(e) Citizen of foreign country? ..... (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Mrs. Erna Monroe

3. (b) If veteran, name war ..... 3. (c) Social Security No. ....

4. Sex Female 5. Color or race Col 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Aaron Monroe 6. (c) Age of husband or wife if alive 37 years  
7. Birth date of deceased November 30, 1909  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
33 4 5 hr. min.

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

10. Usual occupation Housewife

11. Industry or business .....

12. Name Edward Freeman

13. Birthplace Cooper County, Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Jessie Johnson

15. Birthplace Cooper County, Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Aaron Monroe

(b) Address 1104 So. 4th St. Boonville

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 9/43  
(Month) (Day) (Year)

(c) Place: burial or cremation Nelson Cemetery

18. (a) Signature of funeral director L. J. Meador

(b) Address Boonville, Mo.

19. (a) Mar-9-43 (Date received local registrar) (b) Dr. Chas. Swap (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 7  
year 1943 hour 3:30 minute A M.

21. I hereby certify that I attended the deceased from 2-22  
1943 to 3-7, 1943  
that I last saw her alive on 3-6, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral embolism 10 min.

Due to post operative embolism  
hypertension 2-23-43

Due to 568

Other conditions (Include pregnancy within 3 months of death) 568

Major findings: Of operations Fibroids multiple

Of autopsy .....

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) (b) Means of injury .....

23. Signature Hubert H. Wells (M. D.)  
Address Boonville, Mo. Date signed 3-8-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 4-2-43

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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 C. H. Ireland

Licensed Embalmer No. 1399

P. O. Address Highway

**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.