S. No. 2
4—5-42
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 20 1943

Registration District No. 166

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14646

Primary Registration District No. 5605

Registrar's No. 85

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1. PLACE OF DEATH:

(a) County: JOHNSON

(b) City or town: KIVOBNOSTER RURAL (If outside city or town limits, write "RURAL" and name of township) Washington Township

(c) Name of hospital or institution: ARMY AIR BASE HOSPITAL (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 36 HRS (Specify whether years, months or days)

In this community: 6 WEEKS

2. USUAL RESIDENCE OF DECEASED:

(a) State: MISSOURI (b) County: JACKSON

(c) City or town: KAN. CITY (If outside city or town limits, write "RURAL")

(d) Street No.: 2826 PARK (If rural, give location)

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

If yes, name country:

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3. (a) PRINT FULL NAME: HAROLD JEWEL MONAHAN

3. (b) If veteran, name war: WW #2

3. (c) Social Security No. 499-09-0514

4. Sex: M

5. Color or race: W

6. (a) Single, widowed, married, divorced: S.

6. (b) Name of husband or wife:

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

7. Birth date of deceased: Nov (Month) 6 (Day) 1922 (Year)

8. AGE: Years 20 Months 4 Days 4 If less than one day hr. min.

9. Birthplace: KAN. CITY (City, town, or county) MO (State or foreign country)

10. Usual occupation:

11. Industry or business:

FATHER
12. Name: WM A MONAHAN
13. Birthplace: RUSSELLVILL (City, town, or county) MO (State or foreign country)

MOTHER
14. Maiden name: EMMA GRAHAM
15. Birthplace: MILLER CO (City, town, or county) MO (State or foreign country)

16. (a) Informant: MRS. EMMA MONAHAN
(b) Address: KAN CITY MO

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof 3 11-1943 (Month) (Day) (Year)
(c) Place: burial or cremation: LEAVENWORTH, KAN.

18. (a) Signature of funeral director: GILLESPIE
(b) Address: SEDALIA

19. (a) 3-11 1943 (Date received local registrar) (b) MRS C. L. SAULTS act. Reg. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 10 year 1943 hour 12 minute 30 P. M.

21. I hereby certify that I attended the deceased from Mar 8, 1943, to Mar 10, 1943 that I last saw him alive on Mar 10, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Fracture dislocation 5th cervical vertebra & laceration of spinal cord. — Duration

Due to:

Due to: Pulmonary Edema acute.

Other conditions (Include pregnancy within 3 months of death): 173

Major findings:
Of operations: 34
Of autopsy: Fracture vertebra & laceration of spinal cord.

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): accident 051

(b) Date of occurrence: Mar 8, 1943

(c) Where did injury occur? Johnson (City or town) (County) Mo. (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Farm. (Specify type of place)

While at work? yes (e) Means of injury: Glider

23. Signature: Major Paul A. Stoodt (M. D. or other)

Address: Sedalia Army Air Base Date signed: 3/11/43

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 4-19-43
APR 21 1943

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 L. E. Bouldin

Licensed Embalmer No. 3867

P. O. Address Sedalia Mo.

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.