

FILED OCT 13 1943
Registration District No. 149

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 Home
1217 E. 10th St. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Home
(Specify whether
In this community 10 ~~#~~ Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL") 0
(d) Street No. 1217 East 10th Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country NO

3. (a) PRINT FULL NAME Mrs Emma J Monroe

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

4. Sex fe 5. Color or race wh 6. (a) Single, widowed, married, divorced 2 Widowed

6. (b) Name of husband or wife William Monroe 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased July II 1856-73
(Month) (Day) (Year)

8. AGE: Years 87 Months 2 Days 26 If less than one day hr. min.

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

10. Usual occupation Hotel Manager

11. Industry or business Retired

MOTHER FATHER { 12. Name Unknown
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Unknown 9
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Nellie Wooddy

(b) Address 1217 East 10th Street

17. (a) Burial (b) Date thereof. (9) 20) 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Washington

18. (a) Signature of funeral director Eylar Funeral Home

(b) Address 1800 Linwood Blvd

19. (a) 9-20-43 (b) T. E. Barton
(Date received local registrar) (Registrar's signature) du

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 17
year 43 hour minute M.

21. I hereby certify that I attended the deceased from Comm to 19;

that I last saw him alive on and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic heart Duration

Due to dissecting aortic aneurysm

Due to 93d

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy Aspergillus fumigatus

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 [Signature] 3 (M. O. U. L. L. L.)
Address [Signature] 3 Date signed 9/20/43

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 Chas. Silks.....

Licensed Embalmer No. 2644.....

P. O. Address 1800. Linwood.....

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.