S. No. 2
1—5-42
5-17-39
P1 X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

32956
State File No.

FILED OCT 9 1943

Registration District No. 87

Primary Registration District No. 3040

Registrar's No. 108

**1. PLACE OF DEATH:**

(a) County: Livingston

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

(c) Name of hospital or institution:
319 Henry Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: 65 years

**2. USUAL RESIDENCE OF DECEASED:**

(a) State: Missouri (b) County: Livingston

(c) City or town: Chillicothe
(If outside city or town limits, write "RURAL")

(d) Street No.: 319 Henry Street
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: MARY MONROE

3. (b) If veteran, name war:

3. (c) Social Security No.:

4. Sex: Female

5. Color or race: Negro

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

6. (b) Name of husband or wife: Dan Monroe

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

7. Birth date of deceased: August (Month) 14 (Day) 1858 (Year)

8. AGE: Years 85 | Months 1 | Days 6 | If less than one day ..... hr. ..... min.

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

10. Usual occupation: Housewife

11. Industry or business:

FATHER
12. Name: John Rhea
13. Birthplace: Unknown (City, town, or county) ..... (State or foreign country)

MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown (City, town, or county) ..... (State or foreign country)

16. (a) Informant: Mrs Ben Longdon
(b) Address: Chillicothe, Missouri.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9-22-'43 (Month) (Day) (Year)
(c) Place: burial or cremation: North Colored Cemetery

18. (a) Signature of funeral director: F. B. Norman Co.
(b) Address: Chillicothe, Missouri.

19. (a) Sept 21. (Date received local registrar) (b) Lou Ella Cooper (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Sept. day 20th. year 1943 hour 3:00 minute A. M.

21. I hereby certify that I attended the deceased from Aug 15, 1943, to Sept 20, 1943, that I last saw her alive on Sept 15, 1943, and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Heart decompensation | ? |
| Due to: Chronic myocarditis | ? |
| Due to: | |
| Other conditions (Include pregnancy within 3 months of death): | |
| Major findings: Of operations: | |
| Of autopsy: | |

93d

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: R. A. Brennan (M. D. or other)
Address: Chillicothe, Mo Date signed: 9/21/43

(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

E. R. Norman, Registered Apprentice No.

working under my personal supervision.

Signed E R Norman

Licensed Embalmer No. 2374

P. O. Address Chillicothe, 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.**