

FILED APR 10 1944

Registration District No. 128

Primary Registration District No. 2000

1. PLACE OF DEATH:

(a) County GREENE
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
926 E. Locust St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 926 E. Locust
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18
year 1944 hour 6 minute 10 A. M.
21. I hereby certify that I attended the deceased from
2-1- 44 to Mar. 18 44
that I last saw him alive on Mar. 16 1944
and that death occurred on the date and hour stated above.

Immediate cause of death
Cerebral Leucorrhagia / mo.
Chs. hypertensivae cordis.
vasculardislate
Due to.....
Due to.....

Duration

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

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)
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) (e) Means of injury
23. Signature Arthur Knott M.D. M.D. or other
Address 440 E. Cecil St. Date signed 3-15-44

3. (a) PRINT FULL NAME

Hattie C. Monroe

3. (b) If veteran, name war

No

3. (c) Social Security No.

No

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Edward M. Monroe
6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased Sept. 15, 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 6 3 hr. min.

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

10. Usual occupation House Wife

11. Industry or business In Home

12. Name John F. Courtney

13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Mary E. Stern

15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Sadie E. Cox

(b) Address 1123 E. Division St. Spfld, Mo

17. (a) Burial (b) Date thereof 3-20-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn

18. (a) Signature of funeral director J.W. Klingner & Co.

(b) Address Springfield, Missouri

19. (a) 3-20-44 (b) S. M. Handley
(Date received local registrar) (Registrar's signature)

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

38
2
6

38

2
5

(A)

93d

996

Spfld, Mo.

W

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 *Ogle Stone Jr.*
Licensed Embalmer No. *4126*
P. O. Address *Springfield*

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.

X