

FILED MAY 11 1944

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Jackson City
(c) Name of hospital or institution 1809 Myrtle
(d) Length of stay: In hospital or institution 2 weeks
In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson
(c) City or town Kansas City
(d) Street No. 1307 College
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME ROSIE MARY MONROE

3. (b) If veteran, name war _____ 3. (c) Social Security No. none

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced 2 widowed

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

7. Birth date of deceased July 25 1863

8. AGE: Years 80 Months 9 Days 6

9. Birthplace Chicago Ill

10. Usual occupation Retired

11. Industry or business _____

12. Name unknown

13. Birthplace unknown

14. Maiden name unknown

15. Birthplace unknown

16. (a) Informant John Moxin (b) Address 1307 College

17. (a) Burial (b) Date thereof 5-3-44

18. (a) Signature of funeral director _____

19. (a) 5-3-44 (b) N. E. Brown

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1st year 1943 hour 10:30 am

21. I hereby certify that I attended the deceased from Jan 1944 to May 1 1944

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

Immediate cause of death Star advanced carcinoma

Due to of Cervix

Due to 480

Other conditions _____

Major findings: Of operations _____

Of autopsy Inspection; History

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature A. E. Fisher (M. D.)

Date signed 22 May 1944

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

MAY 22 1944

JUN 2 1944

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 *Robert S. Luster*
Licensed Embalmer No. 14773
P. O. Address *162 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.