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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15604

State File No. _____

FILED MAY 12 1944

Registration District No. _____

Primary Registration District No. 2057

Registrar's No. 27

1. PLACE OF DEATH:

(a) County Ray
(b) City or town Richmond
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
115 Henry 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 26 Years (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Blanche Irene 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 Raymond G. Monroe 6. (c) Age of husband or wife if alive 31 years

7. Birth date of deceased April 14 1918
(Month) (Day) (Year)

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

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

10. Usual occupation House Wife

11. Industry or business _____

12. Name George E. Hedrick
13. Birthplace Camden, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Grace May Vanmeter
15. Birthplace Dover, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant George E. Hedrick
(b) Address Richmond, Mo.

17. (a) Burial (b) Date thereof 4/17/1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Richmond Mo.

18. (a) Signature of funeral director _____
(b) Address Richmond, Mo.

19. (a) April 14/44 (b) Mrs. Ches W. Sheppard
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray
(c) City or town Richmond
(If outside city or town limits, write "RURAL")
(d) Street No. 115, Henry St.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 14
year 1944 hour 2 minute A. M.

21. I hereby certify that I attended the deceased from May 1942, 19 to Apr 14, 1944;
that I last saw her alive on Apr 15-1944, 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis,

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place)
(c) Means of injury _____

23. Signature [Signature] (M. D. or other) _____
Address Richmond, Mo. Date signed 4/17/44

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

1381

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

MOTHER FATHER

1080

(Licensed Embalmer's Statement on Reverse Side)

44

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed..... 7-11-44

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, ###

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

J. H. ...

Licensed Embalmer No. 2073

P. O. Address Richmond 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.