

FILED NOV 14 1944  
Registration District No. 120

Primary Registration District No. 4194

Registrar's No. 115

1. PLACE OF DEATH:

(a) County Sentry Albany  
(b) City or town  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:

(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

3. (a) PRINT FULL NAME Jonathan Stayer Monroe

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

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

6. (b) Name of husband or wife Mary Ruth Albion 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased July 10 1854  
(Month) (Day) (Year)

8. AGE: Years 90 Months 3 Days 27 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Retired Farmer

11. Industry or business \_\_\_\_\_

12. Name Simon P. Monroe

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

14. Maiden name Elizabeth Winger

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

16. (a) Informant Miss Elizabeth Monroe

(b) Address Albany, Mo

17. (a) Burial (b) Date thereof 11/8/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Foster Cemetery

18. (a) Signature of funeral director Bluffton Bunk

(b) Address Albany Mo

19. (a) Nov 8-1944 (b) James H. Webster  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Sentry  
(c) City or town Albany  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 6  
year 1944 hour 4 minute 40 P.M.

21. I hereby certify that I attended the deceased from November 2nd 1944 to Nov. 6th 1944  
that I last saw him alive on Nov. 6th 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Bronchial pneumonia  
Duration 4 days

Due to acute influenza  
Due to \_\_\_\_\_

Other conditions Chronic pleurisy - nephritis  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy 131a

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) (e) Means of injury \_\_\_\_\_

23. Signature W. S. Campbell (M. D. or other) \_\_\_\_\_

Address Albany Mo Date signed 11-8-44

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

3810

1108

**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 me  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Chifford Brooks.....

Licensed Embalmer No. 3329.....

P. O. Address Albany 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.**