

U.S. No. 2
DOM-5-43
Rev. 5-17-39
I X36671

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
3329 Nicholson Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ 70 years _____ (Specify whether _____
years, months or days)

3. (a) PRINT FULL NAME Alphonse B Monteil

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ellen Monteil

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased Feb 3 1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

77 1 4 hr. _____ min.

9. Birthplace Marseilles France
(City, town, or county) (State or foreign country)

10. Usual occupation Truck Farmer

11. Industry or business _____

12. Name August Monteil

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

14. Maiden name Naomi Roux

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

16. (a) Informant Ellen Monteil

(b) Address 3329 Nicholson

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 10 1945
(Month) (Day) (Year)

(c) Place: burial or cremation St. Marys Cemetery

18. (a) Signature of funeral director Frank E. Talin

(b) Address 20 West Linwood

19. (a) 3-10-45 (Date received local registrar) (b) F. E. Brown (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 3329 Nicholson Ave
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7th day March
year 1945 hour 3:30 minute P M.

21. I hereby certify that I attended the deceased from Feb. 25 1944 to March 7 1945
that I last saw him alive on March 7 1945
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Chronic myocarditis
Dental Sepsis

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

93 D

Duration _____

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? _____

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

23. Signature James Middlebury (M. D. or other) M.D.
Address 224 North Montgall Date signed 3-8-45

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

Charles M. Quinn

Licensed Embalmer No.

3774

P. O. Address

K. C. 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.