

State File No. _____

FILED 1111 14 10 1945
Registration District No. 47

Primary Registration District No. 3005

Registrar's No. 208

14
1
2

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

1. PLACE OF DEATH:

(a) County Callaway

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

(c) Name of hospital or institution State Hospital No. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 yr 6 m 20 d
1 yr 6 m 20 d (Specify whether years, months or days)

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City 14
(If outside city or town limits, write "RURAL")

(d) Street No. Little Blue County Home
(If rural, give location)

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

3. (a) PRINT FULL NAME Modetta Monroe

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21 year 1945 hour 1 minute 10 M.

21. I hereby certify that I attended the deceased from 6-18, 1945, to 6-21, 1945
that I last saw him alive on 6-21, 1945
and that death occurred on the date and hour stated above.

4. Sex Female

5. Color or race Negro

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: DK
(Month) (Day) (Year)

8. AGE: Years 83 Months _____ Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation Domestic

11. Industry or business _____

Immediate cause of death _____

Due to Myocarditis
Arteriosclerosis

Due to _____

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

Major findings: Of operations OK

Of autopsy _____

MOTHER FATHER

12. Name DK

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

14. Maiden name DK

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

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? _____

16. (a) Informant Record

(b) Address _____

17. (a) Removal (b) Date thereof 7/2/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis, Mo. (Washington)

18. (a) Signature of funeral director Hallace Funeral Home

(b) Address Fulton, Mo. (D.C. Browning, mgr.)

19. (a) 7-1-1945 (b) Joan M. [Signature]
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(a) Means of injury 0

23. Signature George W. [Signature] (M. D. or other) MS

Address Fulton Mo Date signed 7/1/45

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 7-13-45

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 Denzil C. Browning

Licensed Embalmer No. 2724

P. O. Address Fuller 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.