

S. No. 2
OM-5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27556**

FILED AUG 20 1945
Registration District No. 130

Primary Registration District No. 5572

Registrar's No. 101

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
Jackson County Emergency Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 months
(Specify whether years, months or days)

In this community 45 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

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

(d) Street No. 7925 Euclid Ave. 8
(If rural, give location)

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

3. (a) PRINT FULL NAME JOSEPH F. MONIN

3. (b) If veteran, name war No

3. (c) Social Security No. _____

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Widower 2

6. (b) Name of husband or wife Helen Monin

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

7. Birth date of deceased April 18 th, 1864
(Month) (Day) (Year)

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

81	3	6	hr. min.
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9. Birthplace Buffalo N.Y. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Lineman

11. Industry or business S.W. Bell Tel. Co.

12. Name Joseph Monin

13. Birthplace Buffalo N.Y. 1
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant Mrs. Edna J. Heath

(b) Address 7925 Euclid, Kansas City, Mo

17. (a) Burial (b) Date thereof 7/26/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Melody-McGilley-Eyles
1800 Linwood Blvd. K.C. Mo.

(b) Address _____

19. (a) July 26-45 (b) J.M. Schick by E.M. 2 57
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24 th.
year 1945 hour 5 minute 10 P.M.

21. I hereby certify that I attended the deceased from 9:30 AM July 24 1945
1945 to 4:30 PM July 24 1945
that I last saw h. in alive on July 24 and that death occurred on the date and hour stated above.

Immediate cause of death Bilateral Bronchopneumonia

Due to Intestinal obstruction

Due to Cause unknown.

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

Major findings: Intestinal obstruction

Of operations _____

Of autopsy 22k

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 J.P. Campbell (M. D. or other)
Address 1729 Campbell Date signed 7/27/45

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

MOTHER FATHER

1162

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 *[Handwritten Signature]*
Licensed Embalmer No. 2979
P. O. Address AC

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.