

S. No. 2
1-8-43
5-17-39
P I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34376

State File No.

Registrar's No. 34376

FILED OCT 18 1945
Registration District No. 278

Primary Registration District No. 3054

1. PLACE OF DEATH:

(a) County Pike

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

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

(d) Length of stay: In hospital or institution 3 weeks
(Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lincoln ⁵⁷

(c) City or town Olney Mo. ⁰
(If outside city or town limits, write "RURAL") ⁰

(d) Street No. _____
(If rural, give location) ¹

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

If yes, name country _____

3. (a) PRINT FULL NAME NATHAN H. MONROE

3. (b) If veteran, name war none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 27
year 1945 hour 12 minute 55 P. M.

21. I hereby certify that I attended the deceased from Sept. 22, 1945 to Sept. 27, 1945;
that I last saw him alive on Sept. 27, 1945;
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife Ora 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased: Jan 13 1888
(Month) (Day) (Year)

Immediate cause of death _____ Duration 2 days

Due to Suppression of Urine

Due to Pulmonary embolism + Infarct. ^{25% V.L.S.}

Due to Emphysema and frequent attacks congestive heart failure ^{Several yrs.}

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

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

57 8 14 hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

Major findings: _____

Of operations none

Of autopsy none

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER, FATHER

12. Name A.H. Monroe

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

14. Maiden name Melissa Womble

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

16. (a) Informant Mrs Ora Monroe

(b) Address Olney Missouri

17. (a) Burial (b) Date thereof 9-30-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Olney Cemetery

18. (a) Signature of funeral director Wayne Mc Coy

(b) Address Truxton Missouri

19. (a) Sept 30/45 (b) Margaret Stephens
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) none

(b) Date of occurrence none

(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? none

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Charles P. Jewell (M.D. or other) ^{Sept 27/45}

Date signed Sept 27/45

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

1593

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 10-45-1620
Date Filed OCT. 17 1945

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 Wayne Mc Coy

Licensed Embalmer No. 3586

P. O. Address Troy 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.