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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 32808

FILED OCT 16 1946

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1134

1. PLACE OF DEATH:
(a) County: Buchanan
(b) City or town: St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1602 Francis St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ In this community: 1 month (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Nodaway 74
(c) City or town: Barnard 0
(If outside city or town limits, write "RURAL")
(d) Street No.: Barnard 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: ____

3. (a) PRINT FULL NAME: Sarah E. Monroe
3. (b) If veteran, name war: No
3. (c) Social Security No.: None
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Wid. 2
6. (b) Name of husband or wife: Elmer Monroe
6. (c) Age of husband or wife if alive: ____ years
7. Birth date of deceased: June (Month) 8 (Day) 1861 (Year)
8. AGE: Years 85 Months 3 Days 27 If less than one day ____ hr. ____ min.
9. Birthplace: Nemahaw County (City, town, or county) Nebraska (State or foreign country)
10. Usual occupation: At home
11. Industry or business: At Home
FATHER 12. Name: Abraham Penny
FATHER 13. Birthplace: Logansport (City, town, or county) Indiana (State or foreign country)
MOTHER 14. Maiden name: Mary Muntz
MOTHER 15. Birthplace: Unknown (City, town, or county) Indiana (State or foreign country)
16. (a) Informant: Mrs. Lena Goforth
(b) Address: St. Joseph, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10/8/46 (Month) (Day) (Year)
(c) Place: burial or cremation: Tarkio, Missouri
18. (a) Signature of funeral director: Hatton & Talbot Bowman
(b) Address: St. Joseph Mo.
19. (a) Oct. 9, 1946 (Date received local registrar) (b) A. J. Westbrook (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 5 year 1946 hour 3 minute A.M.
21. I hereby certify that I attended the deceased from Sept. 25, 1946 to Oct. 5, 1946 that I last saw her alive on Oct. 5, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocardial insufficiency	2 wks.
Due to: Bronchial asthma	60 yrs
Due to:	
Other conditions (Include pregnancy within 3 months of death): Cholecystitis, chr	many yrs.

Major findings:
Of operations: none
Of autopsy: none 12-79

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? (Specify type of place)
While at work? (e) Means of injury: 0

23. Signature: G. T. Bloomer (M. D. or other) M. D.
Address: 1218 N. 3d St. Joseph, Mo. Date signed: 10/5/46

34 (Licensed Embalmer's Statement on Reverse Side)

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 Eugene Wood

Licensed Embalmer No. 3804

P. O. Address 319 S. 10th St. St. Joseph, 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.