

No. 2
-12-45
-17-39
X47070

FILED NOV 12 1946

State File No. _____
Registrar's No. 71

Registration District No. _____

Primary Registration District No. 4168

1. PLACE OF DEATH:

(a) County De Kalb
(b) City or town Marionville mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 10 years. (Specify whether
years, months or days)

3. (a) PRINT FULL NAME ELMER A. MONROE
3. (b) If veteran, name war _____
3. (c) Social Security No.

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced, widow
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 9 1861
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
85 3 19 hr. min.

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

10. Usual occupation Farmer.

11. Industry or business _____

MOTHER FATHER
12. Name John Monroe
13. Birthplace Canada
(City, town, or county) (State or foreign country)
14. Maiden name Martha H. Hinderhot
15. Birthplace Wis.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Jessie Plants
(b) Address Marionville mo

17. (a) Burial (b) Date thereof 10 30 46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Tarkio mo

18. (a) Signature of funeral director John Brown
(b) Address Marionville mo

19. (a) 10-30-46 (b) Rosa Darrow
(Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County De Kalb
(c) City or town Marionville
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 28
year 1946 hour 9 o'clock minute _____ A.M.

21. I hereby certify that I attended the deceased from Oct 27
2, 1946 to Oct 28, 1946
that I last saw h. i. m. alive on Oct 27, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death cerebral hemorrhage Duration 3 days

Due to Hypertension

Due to arteriosclerosis

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

Major findings:
Of operations _____
Of autopsy 83A

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 2

23. Signature Small Fowler (M. D. or other) MD
Address Marionville mo Date signed 10-28-46

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

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 John G. Brown

Licensed Embalmer No. 3933

P. O. Address Wayville, 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.