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FILED FEB 28 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 7627  
Registrar's No. 31

Registration District No. 260

Primary Registration District No. 3076

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

1. PLACE OF DEATH:

(c) County Perman  
(b) City or town Nevada  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution  
1039 B. Gedard  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 27 years (Specify whether  
years, months or days)

3. (a) PRINT FULL NAME Flora May Monkores

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race Wh 6. (a) Single, widowed, married, divorced divorced  
6. (b) Name of husband or wife Mr. Stephen 6. (c) Age of husband or wife if alive 82 years  
7. Birth date of deceased September 21 1878  
(Month) (Day) (Year)

8. AGE: Years 68 Months 4 Days 19 If less than one day hr. min.

9. Birthplace McPherson Co. Kansas  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Own home

12. Name Royal Harrington

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

14. Maiden name Lucinda Babcock

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

16. (a) Informant Mrs. Edna E. Willoughby

(b) Address 6509 Plaka Ave Huntington Park Calif.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 11 1947  
(Month) (Day) (Year)

(c) Place: burial or cremation Deepwood Cemetery

18. (a) Signature of funeral director John J. Funeral Home

(b) Address 2601 E. 27th St. Mo.

19. (a) 2-21-47 (b) Richard Thucy  
(Date received local registrar) (Registrar's signature)

331 By Dept. Licensed Embalmer's Statement on Reverse Side

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jensen 108  
(c) City or town Nevada 1  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1039 B. Gedard 2  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 9  
year 1947 hour 6 minute 40 AM.

21. I hereby certify that I attended the deceased from  
Jan 2 1947 to Feb 8 1947  
that I last saw her alive on Feb 8 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of liver

Due to

Due to

Other conditions none  
(Include pregnancy within 3 months of death)

Major findings: Of operations none H6F

Of autopsy none

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

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

Date of occurrence \_\_\_\_\_

(b) 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 W. Love MD (M. D. or other) \_\_\_\_\_

Address Nevada, Mo Date signed 2/12/47

Duration Don't know  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

Ch. 97.2  
571-CA-1

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 Me

....., Registered Apprentice No. ....

working under my personal supervision.

Signed L. B. Terry

Licensed Embalmer No. 8760

P. O. Address Heaven, 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.