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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9056**
Registrar's No. **1427**

FILED APR 8 1947
Registration District No. _____

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:
(a) County **Jackson**
(b) City or town **Kansas City, Mo**
(c) Name of hospital or institution: **Childrens Mercy Hospital**
(d) Length of stay: In hospital or institution **2 weeks**
In this community **3 mos**

3. (a) PRINT FULL NAME **James Monroe File**
3. (b) If veteran, name war **no**
3. (c) Social Security No. **none**

4. Sex **M** 5. Color or race **W**
6. (a) **Single**, widowed, married, divorced
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **1 6 1947**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
2 20 hr. min.

9. Birthplace **St. Lukes Hospital, K.C. Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **infant**

11. Industry or business _____
12. Name **James Monroe File**
13. Birthplace **Raymond, Ill**
14. Maiden name **Eva Lee Carey File**
15. Birthplace **Huntington, Tenn**

16. (a) Informant **Father**
(b) Address **Greenwood, Mo**

17. (a) **Removal** (b) Date thereof **Mar 27 1947**
(c) Place: burial or cremation **Hitchfield, Ill**

18. (a) Signature of funeral director **Mr. L. Foster**
(b) Address **914 Broadway**

19. (a) **3-27-47** (b) **Geraldine Holmes**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jackson**
(c) City or town **Greenwood, Mo**
(d) Street No. _____
(e) Citizen of foreign country? **no**

20. DATE OF DEATH: Month **3** day **26**
year **1947** hour **3** minute **55 P.M.**

21. I hereby certify that I attended the deceased from **Pathologist**
that I last saw him alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death **Bilateral Broncho-pneumonia**
Due to **Congenital Stenosis of Pulmonary Veins at left Auricle**

Other conditions _____
Major findings: **1572**
Of operations _____

Of autopsy **Sum**

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature _____ (M. D. or other) **MD**
Address **24 St. Lukes Hosp** Date signed **26**

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.....

Dean Owens

Licensed Embalmer No. *4280*

P. O. Address.....

*918 Brooklyn
K.C. 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.