

FILED APR 28 1947
 Registration District No. **149**

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
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
5425 Montgall
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
(Specify whether
 In this community 25 years
years, months or days)

3. (a) PRINT FULL NAME Monroe Love

3. (b) If veteran, name war NO **3. (c) Social Security No.** None

4. Sex Male **5. Color or race** Col.

6. (a) Single, widowed, married, divorced Wid.
6. (b) Name of husband or wife Annie Love **6. (c) Age of husband or wife if alive** deceased years

7. Birth date of deceased March 14, 1863
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>84</u>	<u>1</u>	<u>2</u>hr.min.

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

10. Usual occupation Unemployed

11. Industry or business.....

MOTHER FATHER

12. Name Unknown **9**
13. Birthplace Unknown **9**
(City, town, or county) (State or foreign country)
14. Maiden name Annie (Surname unknown)
15. Birthplace Unknown **9**
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Nina Love
(b) Address 5425 Montgall Ave.

17. (a) Burial? 7 **(b) Date thereof** 4-19-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Westlawn Cemetery C.K.

18. (a) Signature of funeral director Hest. Apollitor Jones
(b) Address City

19. (a) 4-18-47 **(b) Geraldine Holmes**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson #8
 (c) City or town Kansas City **3**
(If outside city or town limits, write "RURAL")
 (d) Street No. 5425 Montgall **8**
(If rural, give location)
 (e) Citizen of foreign country? No **0**
(Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16th
 year 1947 hour 8 minute A. M.

21. I hereby certify that I attended the deceased from Deputy - Coroner **19**
 that I last saw him alive on **19**
 and that death occurred on the date and hour stated above.

Immediate cause of death: Cardiac Failure
Hypertensive Heart Disease

Due to.....
 Due to.....

Other conditions 95th
(Include pregnancy within 3 months of death)

Major findings:
 Of operations.....

Of autopsy No - Permit

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? Deputy - Coroner
(Specify type of place) (p) Means of injury

23. Signature G. H. Williams **3**
(M. D. or other)
 Address 2634 York Pl. Date signed 4-18-47

Duration
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

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 *[Handwritten Signature]*.....

Licensed Embalmer No. *7710*.....

P. O. Address *Kansas City 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.