

No. 2
5-43
5-17-39
X 36671

FILED FEB 16 1948

State File No. _____

Registration District No. 33

Primary Registration District No. 3010

Registrar's No. 28

1. PLACE OF DEATH:

(a) County Cape Girardeau

(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Francis Hosp. City 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 25 Days
(Specify whether years, months or days)

In this community 33 yrs
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Charles Lewis Monroe

3. (b) If veteran, name war NONE

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept. 10th 1860
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>87</u>	<u>4</u>	<u>11</u>	_____.hr. _____.min.

9. Birthplace Rock Island Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant John Monroe (Son)

(b) Address 110 Merriwether, Cape Gir.

17. (a) Burial (b) Date thereof 1/23/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Bethel Cemetery

18. (a) Signature of funeral director James R. Cady

(b) Address Cape Girardeau, Mo.

19. (a) 1-28-48 (b) C. C. Summers
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Gir. 16

(c) City or town Cape Girardeau, Missouri 1
(If outside city or town limits, write "RURAL")

(d) Street No. Bend Road 4
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 21
year 48 hour 10 minute P M.

21. I hereby certify that I attended the deceased from 3-12-20, 1947, to 1-21, 1948
that I last saw him alive on 10-21 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis 36 hrs Duration

Due to Toxemia + Uremia 1 wk

Due to Ca of Bladder 2 yrs

Other conditions 50%
(Include pregnancy within 3 months of death)

Major findings: Ca of Bladder

Of operations _____

Of autopsy _____

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 _____

23. Signature A. Richardson (M. D. or other) M.D.

Address 801a S. Main Date signed 1-26-48

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

MOTHER FATHER

