No. 2
-1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 4 1948

Registration District No. 1

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3043

State File No. 5480

Registrar's No. 68

1. PLACE OF DEATH:
(a) County: Marion
(b) City or town: Hannibal (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Elizabeth (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Ill. (b) County: Pike 999
(c) City or town: Hull (If outside city or town limits, write "RURAL") 11
(d) Street No.: Rural (If rural, give location) 0
(e) Citizen of foreign country? (Yes or No) 2
If yes, name country

3. (a) PRINT FULL NAME: John Monroe
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: Male 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed 2
6. (b) Name of husband or wife: Mary
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: November (Month) 20. (Day) 1872 (Year)

8. AGE: Years	Months	Days	If less than one day
75	3	3	hr. min.

9. Birthplace: New Canton (City, town, or county) Ill. (State or foreign country) 1
10. Usual occupation: Laborer
11. Industry or business: Farming
FATHER
12. Name: A. J. Monroe
13. Birthplace: (City, town, or county) Indiana (State or foreign country) 1
MOTHER
14. Maiden name: Mary McNeary
15. Birthplace: (City, town, or county) Ill. (State or foreign country) 1
16. (a) Informant: Fred Hufnagel
(b) Address: Barney Ill.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2-26-48 (Month) (Day) (Year)
(c) Place: burial or cremation: New Canton Ill.
18. (a) Signature of funeral director: James O'Donnell
(b) Address: Hannibal Mo.
19. (a) 2-23-48 (Date received local registrar) (b) Dr. E. M. Lucke (Registrar's signature) 189

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 23 year 1948 hour — minute 12:30 P.M.
21. I hereby certify that I attended the deceased from 5-10, 1947, to 2-23, 1948; that I last saw him alive on 2-23, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Heart block	9
Due to: Hypertensive heart disease	8
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: NS	
Of autopsy:	

PHYSICIAN — Underline the cause of 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? (Specify type of place)
While at work?
(e) Means of injury: 6
23. Signature: [illegible] (M. D. or other)
Address: Holmes Bldg., Hannibal, Mo. Date signed: 2-23-48

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

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.....Michael J. O'Donnell.....

Licensed Embalmer No.....3246.....

P. O. Address.....Hannibal 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.