

No. 300
-10-47
5-17-39
I 3906

37073

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED DEC 4 1948

Registration District No. 137

Primary Registration District No. 302P

Registrar's No. 263

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

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: McCune-Brooks Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 1/2 hours
(Specify whether years, months or days)

In this community 8 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Carthage
(If outside city or town limits, write "RURAL")

(d) Street No. 917 So. Orner St.
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3: (a) PRINT FULL NAME Frank Lee Monroe

3. (b) If veteran, name war none

3. (c) Social Security No. 493-16-0897

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Sue Wormington Monroe

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased December 15 1876
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 18
year 1948 hour 11:30 minute a M.

21. I hereby certify that I attended the deceased from 18 Nov 1948 to 18 Nov 1948
that I last saw him alive on 18 Nov 1948
and that death occurred on the date and hour stated above.

8. AGE:

| Years | Months | Days | If less than one day |
|-----------|-----------|----------|----------------------|
| <u>71</u> | <u>11</u> | <u>3</u> | hr. _____ min. _____ |

Immediate cause of death Coronary occlusion Duration within two hours

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

9. Birthplace Chariton County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation hardware salesman

11. Industry or business Carthage Hardware Co.

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)

Major findings: 948

Of operations _____

Of autopsy _____

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

16. (a) Informant Mrs. Sue Monroe

(b) Address 917 Orner, Carthage, Mo.

17. (a) burial (b) Date thereof Nov 21, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sarcoxie Cemetary

18. (a) Signature of funeral director Knell Mortuary

(b) Address Carthage, Mo.

19. (a) Nov 20-48 (b) R. B. Clenton, M.D.
(Date received local registrar) (Registrar's signature)

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 R. B. Clenton, M.D. (M. D. or other) _____
Address Carthage, Mo. Date signed Nov 20 1948

138-0 (Licensed Embalmer's Statement on Reverse Side)

48-11-985

MAR 8 1979

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 Robert H. Knell

Licensed Embalmer No. 4459

P. O. Address Carthage

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.