

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8486

State File No. 1180

FILED MAR 22 1952

BIRTH NO. 14739 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

008

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

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Kansas City</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>	
c. LENGTH OF STAY (In this place) <b>Lifetime</b>		d. STREET ADDRESS (If rural, give location) <b>2420 Tracy</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>General Hospital #2</b>		3418	
3. NAME OF DECEASED a. (First) <b>(Infant)</b>		b. (Middle) <b>Monroe</b>	
c. (Last) <b>Monroe</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>1 23 52</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>1-22-52</b>
9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours Min. <b>18</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	11. BIRTHPLACE (State or foreign country) <b>Kansas City, Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>America</b>		13a. FATHER'S NAME <b>Ben Monroe</b>	
13b. MOTHER'S MAIDEN NAME <b>Mary J. Norris</b>		14. NAME OF HUSBAND OR WIFE <b>none</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Mary J. Norris Monroe</b>		ADDRESS <b>2420 Tracy</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Undetermined</b>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		776X	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Premature.</b>			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>1-22-52</b> , 19__, to <b>1-23-52</b> , 19__, that I last saw the deceased alive on <b>1-23-52</b> , 19__, and that death occurred at <b>1:00 p.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>E. Frank Ebers</b> (Degree or title) <b>MD</b>		23b. ADDRESS <b>600 East 22nd Street</b>	
23c. DATE SIGNED <b>1-23-52</b>			
24a. BURIAL, CREMATION, OR REMOVAL (Specify)	24b. DATE <b>3-14-52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Fields Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Kansas City MO</b>
DATE REC'D BY LOCAL REG. <b>3-12-52</b>	REGISTRAR'S SIGNATURE <b>Seraldine Holmes</b>	25. GENERAL DIRECTOR'S SIGNATURE <b>Wm. A. Johnson</b> ADDRESS <b>MO</b>	

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

*Not Embalmed*

working under my personal supervision.

Student Embalmer No. ....

Signed

*Wm. A. [Signature]*

Signed

Student Embalmer

Licensed Embalmer No. *3089*

P. O. Address

*N.C. MD*

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.