

DEC'D SEP 13 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

28023

Do not use this space.

## 1. PLACE OF DEATH

(a) County Jackson Registration District No. 399  
(b) Township Kaw Primary Registration District No. 1902  
(c) City Kansas City, Mo. (d) Street No. 2323 Bales Registered No. 3334  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mary Katherine Montgomery

(a) Residence, No. 9428 Indep. Ave. St.  Jackson Co. Mo.  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charles E.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 26th, 1880

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
58 5 26

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as saw mill, bank, etc. Housewife  
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

FATHER 13. NAME John Sturgis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record.

MOTHER 15. MAIDEN NAME Frances

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

17. INFORMANT Charles E. Montgomery. (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Washington, DATE Aug. 24, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Mrs. C.L. Forster  
918 Brooklyn Avenue, K.C. Mo.

20. FILED Aug 23, 1938 M. M. Crowe  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 22nd, 1938

22. I HEREBY CERTIFY, That I attended deceased from 8/6, 1938, to 8/22, 1938

I last saw h. or alive on 8/22, 1938 Death is said

to have occurred on the date stated above, at 3:40 P.M.

The principal cause of death and related causes of importance were as follows:

Myocardial Weakness.  
Ch. Nephritis  
Cardiac Hypertrophy

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If no, specify .....

(Signed) Dullma M. D.

(Address) 10307 Indep. Ave. K.C. Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1 X14025

Dr. S. Gilmore,  
Mt. Wash, Mo.

10307 E. 55. Ave,  
Bridle No 181

2030

---

---

**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.....

Licensed Embalmer No.....

P. O. Address.....

**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, above space should be left blank.**