

REC'D FEB 20 1939

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

1328

Do not use this space.

## 1. PLACE OF DEATH

(a) County Jackson Registration District No. 399  
 (b) Township Raw Primary Registration District No. 1002 Registered No. 341  
 (c) City N. C. Mo. (d) Street No. General Hospital #2 St. 2  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (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

(a) Residence, No. 533 Jessie Montgomery St. 1623 Euclid (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Benjamin Montgomery

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-12-1892

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
46 8 11

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 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) Texas

13. NAME unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) Record Clerk General #2

18. BURIAL, CREMATION, OR REMOVAL PLACE Highland DATE 12-26-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) H. B. Moore  
1820 E-18 St

20. FILED Jan 26, 1939 M. M. Crowe Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-23-39

22. I HEREBY CERTIFY, That I attended deceased from 1-15-39, 1939 to 1-23-39, 1939  
 last saw her alive on 1-23-39, 1939 Death is said to have occurred on the date stated above, at 12:20 a.m.  
 The principal cause of death and related causes of importance were as follows:

Intestinal Obstruction Date of onset

Other contributory causes of importance: Cholelithiasis

Name of operation Date of  
 What test confirmed diagnosis? 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  
 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 so, specify  
 (Signed) J. C. ... M. D.  
 (Address) General Hospital #2

**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, .....

*A B Mason*

....., or by .....

Registered Apprentice No. .... working under my personal supervision.

Signed

*A B Mason*

Licensed Embalmer No. *2410*

P. O. Address *520 East 18th*

**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.**