

REC'D JUL 10 1939

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

21346  
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson, Registration District No. 359  
 (b) Township Kaw, Primary Registration District No. 1002 Registered No. 2614  
 (c) City Kansas City, Mo. (d) Street No. St. Luke's Hospital, St.  
 (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 Frank Montgomery,

(a) Residence, No. Carrollton, Mo. St.  (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF X  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 10, 1879.  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 59 10 18  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Painter  
 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) Missouri (STATE OR COUNTRY) O

FATHER 13. NAME John C. Montgomery,

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

MOTHER 15. MAIDEN NAME Harriet - Link!

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

17. INFORMANT Standley Funeral Home, (ADDRESS) Carrollton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Carrollton, Mo. DATE 6/29 1939

19. FUNERAL DIRECTOR Stine & McClure, (ADDRESS) 3235 Gillham Plaza, K. C., Mo.

20. FILED 6/29 1939 M. M. Browne Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 28, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 27 1939 to June 28 1939

I last saw him alive on June 28 1939 Death is said to have occurred on the date stated above, at 4:30pm.  
 The principal cause of death and related causes of importance were as follows:

Arterial hypertension  
Arteriosclerosis - generalized  
Cerebral thrombosis  
121

Date of onset  
1920?  
1928  
9-10-38

Other contributory causes of importance:  
Cerebral edema 5-15-39  
Uremia - chronic nephritis 6-18-39

Name of operation None 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 \_\_\_\_\_, 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? No

If so, specify \_\_\_\_\_ (Signed) P. Bohan M.D.

(Address) 315 Alameda Road 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 X1204

Drs. Berry or Bohan

Med College & Hosp.

STATEMENT BY LICENSED EMBALMER

I, S. J. Allen

Licensed Embalmer No. 1415

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_  
working under my personal supervision.

Registered Apprentice No. \_\_\_\_\_

Signed S. J. Allen

Licensed Embalmer No. 1415

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.)