

JAN 17 1940

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

44184
Do not use this space.

1. PLACE OF DEATH

(a) County Nodaway 2 Registration District No. 622
(b) Township Hughes 1 Primary Registration District No. 4373 Registered No. 11
(c) City _____ (d) Street No. RR#2 Graham, Mo. _____ 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 29 yrs. mos. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

532 William Vard Mountjoy
(a) Residence, No. RR#2 Graham, Mo. St. 1
(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 Male 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 Loulie Henrietta Gex

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 28, 1875

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
64 1 22

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. farmer
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) 1-2-1939 11. Total time (years) spent in this occupation 44

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lawrenceburg Kentucky

FATHER 13. NAME Charles C Mountjoy

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

MOTHER 15. MAIDEN NAME Sarah Phillips

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

17. INFORMANT (ADDRESS) Wm B Gex RR#2 Graham Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Graham Mo DATE Dec. 21 39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Price Funeral Home Maryville Mo

20. FILED Jan 14 1940 Wm Ed Black Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 19 1939

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I first saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 9:30 a.m.

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

Suicidal gunshot wound of neck 1920

Other contributory causes of importance: 167

Name of operation none Date of _____
What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? suicide Date of injury 12/20 1939
Where did injury occur? near Graham Mo
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. farm home

Manner of injury gunshot
Nature of injury lacerations of neck

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) Chas. D. Humbert, M.D.
Address Coroner, Nodaway Co., Mo

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

K. 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.

RECEIVED

District No. 117

District File Number 140-1988

Date Filed JAN 16 1940

PH

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 *John W. Price*

Licensed Embalmer No. *3229*

P. O. Address *Maryville Mo*

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.