

JUL 15 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 21311
Registrar's No. 191

Registration District No. 89

Primary Registration District No. 3007

1. PLACE OF DEATH:

(a) County Butler
(b) City or town Poplar Bluff, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
poplar bluff hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution about 2 weeks
(Specify whether
In this community about 42 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wayne
(c) City or town Greenville
(If outside city or town limits, write "RURAL")
(d) Street No. General Delivery
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME Oscar Montgomery 532

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Nora 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased February 9, 1898
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>42</u>	<u>4</u>	<u>17</u>	hr. _____ min. _____

9. Birthplace Wayne County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Emmett Montgomery

13. Birthplace Wayne County, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Addie Twidwell

15. Birthplace Wayne County, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Floyd Montgomery
(b) Address Greenville, Missouri

17. (a) Burial (b) Date thereof June 27, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Twidwell Cemetery

18. (a) Signature of funeral director Gree-Croy
Poplar Bluff, Missouri
(b) Address _____

19. (a) 6-27-40 (b) Oboltinger
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26
year 1940 hour 4 minute 45 AM.

21. I hereby certify that I attended the deceased from June 16
16 - 1940, to June 26, 1940
that I last saw him alive on June - 25, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Generalized peritonitis Duration 12 days

Due to Regarded appendicitis 12 days

Due to _____

Other conditions 171
(Include pregnancy within 3 months of death)

Major findings: Appendicitis
Of operations: Removal ruptured Sigmoid
Of ~~organs~~ generalized peritonitis
and autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Arthur Brown (M. D. or _____)
Address Poplar Bluff Mo Date signed 6-28-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Rev. 5-17-39
U. S. GOVERNMENT PRINTING OFFICE

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.....

B.J. Brentlinger

....., Registered Apprentice No. 208

working under my personal supervision.

Signed.....

Wallace N. Fitch

Licensed Embalmer No. 3859

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.