

FILED JUL 15 1940

Ned White 21753

S. No. 2  
-11-10-39  
-5-17-39  
-I X21492

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. 530

Registration District No. 318

Primary Registration District No. 2001

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**1. PLACE OF DEATH:**  
(a) County Greene  
(b) City or town Springfield  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Springfield Baptist Hosp  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 9 hours  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT Infant Daughter of 532  
FULL NAME Mr. & Mrs. D.M. Montgomery  
3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced Infant  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased June 21, 1940  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
no no no 9 hr. 0 min.

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

10. Usual occupation XXXX Infant  
11. Industry or business XXXX

MOTHER FATHER { 12. Name D. M. Montgomery  
18. Birthplace Denton Arkansas  
(City, town, or county) (State or foreign country)

{ 14. Maiden name Evelyn Fleming  
15. Birthplace Oswego Kansas  
(City, town, or county) (State or foreign country)

16. (a) Informant D. W. Montgomery  
(b) Address Springfield, Missouri

17. (a) Burial (b) Date thereof June 22 '40  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Eastlawn Cemetery

18. (a) Signature of funeral director H. H. Lohmeyer  
(b) Address Springfield, Missouri

19. (a) June 21, 1940 (b) W. E. Handley MD  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State Missouri (b) County Greene  
(c) City or town Springfield  
(If outside city or town limit, write "RURAL")  
(d) Street No. 506 E. Monroe  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

**MEDICAL CERTIFICATION**  
20. DATE OF DEATH: Month June day 21  
year 1940 hour 6 minute 0 M.  
21. I hereby certify that I attended the deceased from June 21  
1940 to June 21, 1940;

that I last saw him alive on June 21, 1940  
and that death occurred on the date and hour stated above.  
Immediate cause of death \_\_\_\_\_

Due to Prematurity 3 1/2 months  
Due to 3039  
Due to General Debility of mother (Meningitis)  
Other conditions (Include pregnancy within 3 months of death) 159

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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?  
904  
While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature Ned White (M. D. or other) \_\_\_\_\_  
Address Springfield Mo Date signed 6/22/40

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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**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.....

*Not Embalmed*, ..... 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.**