

FILED JUL 15 1940

Registration District No. 572

Primary Registration District No. 5722

Registrar's No. 20

1. PLACE OF DEATH:
 (a) County Montgomery
 (b) City or town Near Montgomery City - 0
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 (If not in hospital or institution, write street number or location) 2
 (d) Length of stay: In hospital or institution _____ (Specify whether _____)

3. (a) PRINT FULL NAME John B. Sublette 143

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

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

7. Birth date of deceased July 5 th 1924
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>15</u>	<u>11</u>	<u>4</u>	hr. _____ min.

9. Birthplace High Hill Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

12. Name P.W. Sublette

18. Birthplace High Hill Mo
(City, town, or county) (State or foreign country)

14. Maiden name Emma Deardorff

15. Birthplace Bachelor Mo
(City, town, or county) (State or foreign country)

16. (a) Informant W.W. Sublette

(b) Address Montgomery City Mo

17. (a) Burial (b) Date thereof 6/9/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Pleasant Cem

18. (a) Signature of funeral director C.W. Hopkins
(b) Address Montgomery City Mo

19. (a) June 9, 40 (b) Sublette
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Montgomery
 (c) City or town Montgomery
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 9th
year 1940 hour 4:00 minute a.m. M.

21. I hereby certify that I attended the deceased from Sudden Death, 19 _____; that I last saw him _____ alive on _____, 19 _____; and that death occurred on the date and hour stated above.

Immediate cause of death Accidental Burns Duration 6/9/40

Due to Auto Accident
Turned over, blew out -
Due to and Explosion
Beamed to death

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

Major findings: Of operations gill Of autopsy 25

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) Accident
 (b) Date of occurrence June 9, 1940
 (c) Where did injury occur? Montgomery City, Montgomery, MO
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? on Highway #19 - 3 miles West of Montgomery
 While at work? no (Specify type of place) (e) Means of injury Car

23. Signature E. J. T. Anderson M.D. (M. D. or other) M.D.
Address Montgomery City, Mo Date signed 6/9/40

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

0

MOTHER FATHER

Coroner of Montgomery Co

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.....

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.