

JUL 22 1940

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

24846  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Carter 2 Registration District No. 35 1030  
 (b) Township Tully 0 Primary Registration District No. 35 5206 Registered No. 1  
 (c) City Castwood (d) Street No. Castwood Star Route 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 532 CURTIS RUSSEL MONTGOMERY  
 (a) Residence, No. Castwood Rte. Carter County 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Hattie Rhodes Montgomery

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 30 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or ... min.  
71 9 8 6 hrs. or ... min.

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. Farmer  
 10. Date deceased last worked at this occupation (month and year) July 1, 1940 11. Total time (years) spent in this occupation 65

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boswell Indiana

FATHER  
 13. NAME James Montgomery  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Indiana

MOTHER  
 15. MAIDEN NAME Jane Talby  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Boone Co., Kentucky

17. INFORMANT (ADDRESS) Hattie Montgomery Castwood Rte

18. BURIAL, CREMATION, OR REMOVAL PLACE Castwood DATE July 10 1940

19. FUNERAL DIRECTOR (ADDRESS) i

20. FILED July 15, 1940 Bladys H. Davis 13 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 9 1940

22. I HEREBY CERTIFY That attended deceased from 7-8, 1940, to 7-9, 1940.  
 Last saw him alive on 7-9, 1940. Death is said to have occurred on the date stated above, at 6 A. m.  
 The principal cause of death and related causes of importance were as follows:  
Apoplexy  
Hypertension  
 Date of onset 7-5-40

Other contributory causes of importance:  
None

Name of operation none Date of none  
 What test confirmed diagnosis clinical 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?  
 If so, specify \_\_\_\_\_  
 (Signed) Wm. H. Burton, M. D.  
 (Address) Van Buren, Mo.

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.

RECEIVED

District Health Officer No. 5

District File Number 740 815

Date Filed 7-2-42

STATEMENT BY LICENSED EMBALMER

I, \_\_\_\_\_, Licensed Embalmer No. \_\_\_\_\_

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

\_\_\_\_\_ L. E. \_\_\_\_\_

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

**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.)**