

S. No. 2
11-10-35
5-17-35
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
SEP 10 1940

SEP 16 1940 MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28025
Registrar's No. 929

Registration District No. 85 Primary Registration District No. 1001

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
910 W. Valley St. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 32 Years (Specify whether years, months or days)
In this community 32 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 910 W. Valley St. (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Julia Ann Montgomery 532
3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race W. 6. (a) Single, widowed, married, divorced Wid.
6. (b) Name of husband or wife James L. 6. (c) Age of husband or wife if alive years 11, 1857
7. Birth date of deceased Feb. 11, 1857 (Month) (Day) (Year)

8. AGE: Years 83 Months 6 Days 11 If less than one day .hr. .min.

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

10. Usual occupation Housewife Home

11. Industry or business
12. Name Mack Haston
13. Birthplace Crab Orchard, Kentucky (City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Jackson (City, town, or county) (State or foreign country)
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Floyd Montgomery (Son)
(b) Address 910 W. Valley

17. (a) Burial (b) Date thereof Aug. 24, 1940 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Graham, Mo.

18. (a) Signature of funeral director John E. Rupp
(b) Address 6054 Fryor Ave, St. Joseph, Mo.

19. (a) Aug 23 1940 (b) J. J. [Signature] (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 22 year 1940 hour 8 minute P. M.

21. I hereby certify that I attended the deceased from June 15, 1940, to August 22, 1940; that I last saw her alive on August 22, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Complete cessation of cardiac function of myocardial insufficiency. Duration
Due to myocardial insufficiency.
Due to

Other conditions dynamic flus (Include pregnancy within 3 months of death)

Major findings: Of operations - Of 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? 85 (Specify type of place) (e) Means of injury 3

23. Signature J. E. Steverson (M. D. or other) 100 Address 8013 Francis Date signed 8/23/40

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

11
5
7

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.....

Myself

....., Registered Apprentice No.

working under my personal supervision.

Signed

John E. Rupp

..... Licensed Embalmer No. 3986

P.O. Address St. Joseph, Missouri

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.