

2-40
-39-
K23159

FILED OCT 18 1940

State File No.

Registration District No. 295

Primary Registration District No. 4232

Registrar's No.

1. PLACE OF DEATH

(a) County Jackson

(b) City or town Blue Springs
(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)

(d) Length of stay: In hospital or institution 2
(Specify whether)

In this community 75 yrs
years, months or days

3. (a) PRINT FULL NAME Mary Alice Montgomery

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex FM

5. Color or race W

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife James

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

7. Birth date of deceased May 6 1863
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>77</u>	<u>4</u>	<u>4</u>	hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name John Shroat

13. Birthplace Ky
(City, town, or county) (State or foreign country)

14. Maiden name Reichardt

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

16. (a) Informant Roger Montgomery

(b) Address Blue Springs Mo

17. (a) Burial (b) Date thereof Sept 16-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Blue Springs Mo

18. (a) Signature of funeral director R. B. ...

(b) Address Blue Springs Mo

19. (a) Sept 19, 1940 (b) Mrs. Shroat
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson

(c) City or town Blue Springs
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 10
year 40 hour 1 minute 30 P.M.

21. I hereby certify that I attended the deceased from 7/13/40, 1940, to 9/10/40, 1940; that I last saw her alive on 9/10/40, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac asthma

Due to 95%

Due to

Other conditions (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?

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

23. Signature J. E. Query (M. D. or other) DO

Address Blue Springs Date signed 9/10/40

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

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. 2352

working under my personal supervision.

Signed.....

Licensed Embalmer No. 2352

P. O. Address Blue Springs

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.