

Registration District No. 663

Primary Registration District No. 5881

Registrar's No. \_\_\_\_\_

FEB 23 18 1940

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

1. PLACE OF DEATH: Perry St  
 (a) County \_\_\_\_\_  
 (b) City or town Yount Mo.  
 (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) 205  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
 In this community 82-3-22  
 years, months or days

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Perry  
 (c) City or town Yount Mo.  
 (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.

3. (a) PRINT FULL NAME John Montgomery  
 (b) If veteran, name war \_\_\_\_\_ (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Elizabeth Montgomery 6. (c) Age of husband or wife if alive 81 years  
 7. Birth date of deceased June 6 1858  
 (Month) (Day) (Year)

8. AGE: Years 82 Months 3 Days 22 If less than one day  
 hr. \_\_\_\_\_ min.

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

10. Usual occupation Blacksmith

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Jack Montgomery  
 13. Birthplace Tennessee  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Decy Hagsdale  
 15. Birthplace Tennessee  
 (City, town, or county) (State or foreign country)

16. (a) Informant G N Bane  
 (b) Address Yount Mo

17. (a) Burial (b) Date thereof Sept. 30 1940  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Yount Mo.

18. (a) Signature of funeral director Young & Lane

(b) Address Perryville Mo.

19. (a) Sept. 28-1940 (b) William Heile  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 28  
 year 1940 hour 8 minute \_\_\_\_\_ P. A. M.  
 21. I hereby certify that I attended the deceased from Jan 1940  
 \_\_\_\_\_ 19 \_\_\_\_\_ to Feb 22 19 40;  
 that I last saw him alive on Feb 22 19 40;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Myo constrict  
 Duration \_\_\_\_\_

Due to Arterio sclerosis and chronic nephritis

Due to \_\_\_\_\_

Other conditions 121  
 (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? 597

While at work \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature W. H. Bailey (M. D. or other) \_\_\_\_\_

Address Perryville Date signed Sept 28 1940

**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..... *Edward E. Young*.....

Licensed Embalmer No. *21380*.....

P. O. Address *Pennington, Mo*.....

**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, fact should be so stated above.**