

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

FILED APR 11 1941

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

10263

Do not use this space.

1. PLACE OF DEATH

(a) County Cape Girardeau Registration District No. 134
 (b) Township Cape Girardeau Primary Registration District No. 3009
 (c) City Cape Girardeau (d) Street No. St. Francis Hosp. Registered No. 113
 (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. ___ da. (f) How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ da.

2. PRINT FULL NAME

JOSEPH WEIGLE MONTAGUE
 (a) Residence, No. New Madrid Mo. 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 M. D. 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) DIVORCED
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF UNK.
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) OCT. 26 - 1892
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
45 4 15
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Reclutete
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Madrid, Mo.
 FATHER 13. NAME George V. Montague
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Madrid, Mo.
 MOTHER 15. MAIDEN NAME Lily A. DuRocher
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.
 17. INFORMANT (ADDRESS) Margaret Montague
New Madrid Mo.
 18. (BURIAL, CREMATION) OR REMOVAL PLACE St. Francis Hosp. DATE March 21, 1941
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) St. Charles and Co.
New Madrid Mo.
 20. FILED 3-21-41 J. M. Thompson
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 20, 1941
 22. I HEREBY CERTIFY, That I attended deceased from March 4, 1941 to March 19, 1941
 I last saw him alive on March 19, 1941. Death is said to have occurred on the date stated above, at 10:20 a.m.
 The principal cause of death and related causes of importance were as follows:
Encephalitis
Alcoholism
MI
 Other contributory causes of importance: None
 Name of operation None Date of _____
 What test confirmed diagnosis? All Was there an autopsy? _____
 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? no
 If so, specify _____
 (Signed) Carl Albert Minnema M. D.
Cape Girardeau (Address)

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.....

J. W. Rosta

Licensed Embalmer No. *3980*

P. O. Address *Cape Guaymas*

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.