

No. 2
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17-39
X23159

DEPARTMENT OF COMMERCE MISSOURI STATE BOARD OF HEALTH
BUREAU OF THE CENSUS STANDARD CERTIFICATE OF DEATH

State File No. 18544

Registration District No. 612 Primary Registration District No. 6257 Registrar's No.

1. PLACE OF DEATH: Newton
(a) County: (Rural) *Russville*
(b) City or town: (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 (Specify whether)
In this community 65 yrs. years, months or days

3. (a) PRINT FULL NAME Lewis Montgomery

3. (b) If veteran, name war X 3. (c) Social Security No. X

4. Sex M C 5. Color or race W 6. (a) Single, widowed, married, divorced, widowed

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

7. Birth date of deceased March 27 1857 (Month) (Day) (Year)

8. AGE: Years 84 Months 1 Days 9 If less than one day hr. min.

9. Birthplace Fulton Co. Ill. (City, town, or county) (State or foreign country)

10. Usual occupation Farmer and Stockman

11. Industry or business

12. Name Wm. E. Montgomery

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

14. Maiden name Mary Jefferies

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

16. (a) Informant Mrs. Cora E. Montgomery

(b) Address Pierce City R.R. 2

17. (a) Burial (b) Date thereof May 5 1941 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clear Creek Cem.

18. (a) Signature of funeral director *Angeline*
(b) Address Pierce City Mo

19. (a) May 8 1941 (b) Grace Hudson (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Newton 7.9
(c) City or town: (Rural) 0
(If outside city or town limits, write "RURAL")
(d) Street No. Pierce City Mo. R.R. 2 0
(If rural, give location)
(e) If foreign born, how long in U. S. A. 2 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6 year 1941 hour 12.30 minute A M.

21. I hereby certify that I attended the deceased from May 3/41, 1941, to May 6, 1941, that I last saw him alive on May 5-8, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death
Coronary Insufficiency and chronic myocardial degeneration 20 yrs.

Due to
Due to
Other conditions (Include pregnancy within 3 months of death) *AK*

PHYSICIAN
Major findings: Of operations
Of autopsy
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?

546 (Specify type of place) While at work 2 years of injury

23. Signature Charles S. Moore (M. D. or other) M.D. Address Pierce City Mo Date signed 5/8/41

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

RECEIVED

District Health Officer No. 6,

District File Number 641-932

Date Filed JUN 10 1941

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.....

me

Registered Apprentice No.....

working under my personal supervision.

Signed

Arthur O. Kimmey

Licensed Embalmer No. 3827

P. O. Address Perse City, Pa.

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.