

Registration District No. 238

Primary Registration District No. 5325

Registrar's No.

1. PLACE OF DEATH:

(a) County Dade

(b) City or town Lackwood R.T.D. #2
(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 years, months or days) Two hours

3. (a) PRINT FULL NAME Beverly Ann Montgomery

3. (b) If veteran, name war /

3. (c) Social Security No. /

4. Sex F 5. Color or race White

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

6. (b) Name of husband or wife /

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

7. Birth date of deceased Apr 27 - 1941
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

Two hours 2 hr. / min.

9. Birthplace Lackwood R.T.D. #2
(City, town, or county) (State or foreign country)

10. Usual occupation /

11. Industry or business /

MOTHER FATHER

12. Name Raymond Montgomery

13. Birthplace Dade Co Mo
(City, town, or county) (State or foreign country)

14. Maiden name Eleola Rector

15. Birthplace Dade Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Bernice Orrell

(b) Address Lackwood R.T.D #2

17. (a) Burial (b) Date thereof Apr 29 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lackwood Mo

18. (a) Signature of funeral director J. R. Caldwell

(b) Address Lackwood Mo

19. (a) 4-30-41 (b) J. R. Caldwell
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Dade

(c) City or town Lackwood R.T.D. #2
(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.? 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27 year 1941 hour 6 minute 15 P. M.

21. I hereby certify that I attended the deceased from April 27, 1941 to April 27, 1941; that I last saw her alive on April 27, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Premature born.

Due to congenital heart failure

Due to /

Other conditions 157
(Include pregnancy within 3 months of death)

Major findings: Of operations no Of autopsy no

Duration

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? /

23. Signature Dudolf Kuyshak (Specify type of place) 215 While at work / Means of injury /

(Date received local registrar) (Registrar's signature)

Address Golden City Mo Date signed 4/29/41

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

RECEIVED

District Health Officer No. 6,

District File Number 741-1231

Date Filed JUL 15 1949

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.....

E. J. Caldwell

Licensed Embalmer No.....

3380

P. O. Address.....

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.