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FILED JUL 23 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 22211

Registration District No. 567

Primary Registration District No. 5763

Registrar's No. 34

1. PLACE OF DEATH:

(a) County Mississippi St

(b) City or town Anniston
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution
5 yrs (Specify whether years, months or days)

In this community 5 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mississippi

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

(d) Street No. 1 mile N. E. of Anniston
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME WILLIAM USHER MONTGOMERY

3. (b) If veteran, name war no

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 16
year 1941 hour 9 minute 9 M.

21. I hereby certify that I attended the deceased from no doctor
_____ 19____ to _____ 19____

4. Sex 0 M

5. Color W race W

6. (a) Single, W married, divorced W

7. (b) Name of husband or wife if alive Tillie Etta Montgomery

7. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased Mar. 27, 1887
(Month) (Day) (Year)

that I last saw h. _____ alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Fractured skull
fractured chest Duration _____

8. AGE: Years 54 Months 2 Days 22 hr. _____ min. _____

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

Due to Plowing cotton with 1 mule to double shovel. Mule ran away dragging plow and deceased who had links around waist

Other conditions 6
(Include pregnancy within 3 months of death)

11. Industry or business Farming

12. Name William Usher Montgomery

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

14. Maiden name Maggie Parnell

15. Birthplace Van Buren Co. Ark.
(City, town, or county) (State or foreign country)

Major findings: 175 N

Of operations _____

Of autopsy 17

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Tillie Etta Montgomery

(b) Address Anniston, Mo

17. (a) Buried (b) Date thereof 6-18-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cypress Hill

18. (a) Signature of general director Stavis Shelby

(b) Address East Prairie, Mo

19. (a) 7-8-1941 (b) Missouri
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence June 16, 1941

(c) Where did injury occur? Mississippi Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Plowing in cotton field

While at work? Yes (e) Means of injury Fractured skull
fractured chest

23. Signature Stavis Shelby 3
(Date received local registrar) (Date signed)

Address East Prairie, Mo Date signed 6/18/41

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

RECEIVED

District Health Officer No.

District File Number 741-91

Date Filed 7/19/41

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.....

working under my personal supervision.

Registered Apprentice No.

Signed Travis Shelby

Licensed Embalmer No. 2726

P. O. Address East Prairie, 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.