

S. No. 2  
-11-10-39  
v. 5-17-39  
I X21492

25666

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

LED AUG 15 1941  
Registration District No. 5889

Primary Registration District No. 5787<sup>a</sup>

Registrar's No. 13

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

**1. PLACE OF DEATH:**

(a) County Montgomery

(b) City or town Rural, Bear Creek  
(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 \_\_\_\_\_  
years, months or days

**8. (a) PRINT FULL NAME** HARRY LEE MOMBERGER

8. (b) If veteran, name war \_\_\_\_\_

8. (c) Social Security No. 497-16-8947

4. Sex Male race White

5. Color or race White

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

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased Oct 12 1920  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>20</u>	<u>9</u>	<u>16</u>	hr. _____ min. _____

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

10. Usual occupation Truck driver

11. Industry or business Owner of Gravel Truck

12. Name Harry L Momburger

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

14. Maiden name Effie Lillian May

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

16. (a) Informant H. L. Momburger

(b) Address Wellsville Mo

17. (a) Rural (b) Date thereof July 30 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wellsville

18. (e) Signature of funeral director F. W. Turbine

(b) Address Wellsville Mo

19. (a) 7/31/1941 (b) C. A. Harding Deputy  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Montgomery

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

(d) Street No. Five miles North End of Wellsville  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month July day 28  
year 1941 hour 11 minute 40 A. M.

21. I hereby certify that I attended the deceased from Sudden  
Death, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw h \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;

and that death occurred on the date and hour stated above.

Immediate cause of death BROKEN NECK.  
CRUSHED THORACIC CAVITY

Due to Injuries sustained in  
Collision of GRAVEL TRUCKS

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

Other conditions COMPOUND FRACTURE LEFT HIP  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy NONE

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) ACCIDENT D/O

(b) Date of occurrence JULY 28, 1941

(c) Where did injury occur? BELLFLOWER MONTGOMERY, Mo  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
COUNTY ROAD, 3 MILES N.W. BELLFLOWER  
While at work? DRIVING (Specify type of place) (e) Means of injury Collision

23. Signature Ray Means (M.D. or other) \_\_\_\_\_

Address Foxesburg, Mo Date signed 7/28/41

**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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*Clifford C. Kuhn*

Licensed Embalmer No.....

*3069*

P. O. Address.....

*Wellsville N*

**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.**