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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED DEC 17 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 38941  
Registrar's No. 61

Registration District No. 208

Primary Registration District No. 4362

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

1. PLACE OF DEATH:  
(a) County Newton  
(b) City or town Fairview  
(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 \_\_\_\_\_  
In this community Most all of life (Specify whether years, months or days)

3. (a) PRINT FULL NAME Emma (Reese) Montgomery  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife John Henry Montgomery 6. (c) Age of husband or wife if alive 70 years  
7. Birth date of deceased Nov. 11 1872  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
69 0 11 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name John Reese  
13. Birthplace Indiana  
(City, town, or county) (State or foreign country)  
14. Maiden name Sarah Row  
15. Birthplace Ohio  
(City, town, or county) (State or foreign country)

16. (a) Informant Henry Montgomery  
(b) Address Fairview

17. (a) Burial (b) Date thereof Nov. 27 41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dice Centeray

18. (a) Signature of funeral director Horné & Culver

(b) Address Cassville, Missouri

19. (a) 12-4-41 (b) Ada Collins  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Newton 073  
(c) City or town Fairview 0  
(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.? \_\_\_\_\_ years. 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 25th  
year 1941 hour 4 minute A M.  
21. I hereby certify that I attended the deceased from Jan 1937  
1937 to Nov 25, 1941  
that I last saw her alive on Nov 25, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Cardiac Failure 4 hrs.  
Due to Valvular Disease of Heart 10 yrs.

Other conditions (includes pregnancy within 3 months of death)  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature John R. Ellison (M. D. or other) \_\_\_\_\_  
Address Whiston Mo Date signed Dec 9-41

RECEIVED

District Health Officer No. 6,

District File Number 1241-1820

Date Filed DEC 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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed

*G. E. Cubber*

Licensed Embalmer No.

*3584*

P. O. Address

*Caseville 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.