No. 2

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 15 1942

No Housing 11279

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 533 Primary Registration District No. 5720 Registrar's No. 28

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

1. PLACE OF DEATH:

(a) County Macon

(b) City or town Excello Nonnegwaya
(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 1 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County 061

(c) City or town 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Michael Edward Montgomery

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife

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

7. Birth date of deceased Sept (Month) 7 (Day) 1852 (Year)

8. AGE: Years 89 Months 5 Days 26 If less than one day hr. min.

9. Birthplace Randolph Co (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name John Montgomery
13. Birthplace (City, town, or county) Tenn (State or foreign country)

MOTHER
14. Maiden name Martha Cooley
15. Birthplace (City, town, or county) Mo 0 (State or foreign country)

16. (a) Informant Leroy Montgomery
(b) Address Jacksonville Mo

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Mar 5 - 42 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Mt Salem Cem

18. (a) Signature of funeral director Albert S Kinnear
(b) Address Macon Mo

19. (a) 4/9/41 (Date received local registrar) (b) Dora B. Hunckler (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 3 year 1942 hour 10:30 minute A M.

21. I hereby certify that I attended the deceased from Feb 1, 1942, to Mar 3, 1942 that I last saw him alive on Mar 1, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchial pneumonia Bilateral	1 wk.
Due to Myocardial degeneration	?
Due to Senility	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 107
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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature E S Honsinger (M. D. or other) DO
Address Macon Mo Date signed 3/7/42

1037 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 4-10-~~857~~ 756
APR 14 1942
Date Filed _____

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 Albert Skinner

Licensed Embalmer No. 751

P. O. Address Macon Mi

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

No. 2B
M—8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11279

Registration District No. 533 Primary Registration District No. 5720 Registrar's No.

1. PLACE OF DEATH:

(a) County Macon

(b) City or town Rural
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Macon

(c) City or town Excello, R.F.D.
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Michael E. Montgomery

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Sept 7 1852
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
89	5	29	hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) Apr 9, 1942 (Date received local registrar) (b) Nora B. Nunckler (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month day
year hour minute M.

21. I hereby certify that I attended the deceased from
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	Duration
Due to	
Due to	
Other conditions (Include 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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature (M. D. or other)
Address Date signed

SUPPLEMENTARY

11279