

S. No. 2
1-1-441
7. 5-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

15101

State File No.

FILED MAY 23 1942

Registration District No. 625

Primary Registration District No. 3031

Registrar's No. 52

1. PLACE OF DEATH:

(a) County Nodaway
(b) City or town Maryville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution St Francis Hospital (1)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 weeks (Specify whether
In this community 3 weeks years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Nodaway
(c) City or town Quitman Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 1 mile N.E. (If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JOHN DOUGLAS MONTGOMERY.

3. (b) If veteran, no. name war

3. (c) Social Security none.
No.

4. Sex M. 5. Color or race W.

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

6. (b) Name of husband or wife Alice Albright Montgomery

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

7. Birth date of deceased. Mar 19 1863
(Month) (Day) (Year)

8. AGE: Years 79 Months 1 Days 6
If less than one day hr. min.

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

10. Usual occupation Farmer.

11. Industry or business

12. Name Joseph N. Montgomery

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

14. Maiden name Sybell M. Donald.

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

16. (a) Informant Tom Montgomery

(b) Address Quitman Mo.

17. (a) Burial (b) Date thereof Apr 26 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Spidmore Mo

18. (a) Signature of funeral director Price Funeral Home

(b) Address Maryville Mo.

19. (a) April 25 1942 (b) Maury Coile
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 24
year 1942 hour 2 minute 15 P.M.

21. I hereby certify that I attended the deceased from Jan 15 to Apr 24 1942
and that death occurred on the date and hour stated above. 4/24 1942

Immediate cause of death: Chr Endo v Myo-carditis Duration 3
lung abscesses 2 mo
Due to Chr Bronchectasis 2
Due to Senility

Other conditions (Include pregnancy within 3 months of death)

Major findings: 1068
Of operations

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)

23. Signature D. F. D. Coile (M. D. or nurse)
Address 131 S Main Maryville Mo date signed 4/26/42

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

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.....

John W. Price.

Licensed Embalmer No. *4281*

P. O. Address *Maryville 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.