

U.S. No. 2
Form 9-4-41
Rev. 5-17-39
I X2948A

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

17085

State File No. _____

FILED JUN 11 1942

Registration District No. 299

Primary Registration District No. 002

Registrar's No. 2183

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Joseph's Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 Week
(Specify whether years, months or days)
 In this community 4 1/2 Years

2. USUAL RESIDENCE OF DECEASED: 483
 (a) State Missouri (b) County Jackson
 (c) City or town Kansas City
(If outside city or town limits, write "RURAL")
 (d) Street No. 3708 Bellefontaine Avenue
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country --

3. (a) PRINTED FULL NAME Mrs. Lola Augusta Montgomery
 3. (b) If veteran, name war None
 3. (c) Social Security No. None

4. Sex Female / 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Dr. William Elmer Montgomery
 6. (c) Age of husband or wife if alive -- years
 7. Birth date of deceased November 24 1882
(Month) (Day) (Year)

8. AGE: Years 59 Months 6 Days 7
 If less than one day hr. -- min. --

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

10. Usual occupation At Home

11. Industry or business --

MOTHER FATHER {
 12. Name James P. Marbut
 13. Birthplace Verona Missouri
(City, town, or county) (State or foreign country)
 14. Maiden name Pantha A. Flippin
 15. Birthplace Gibson County Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Pantha A. Marbut
 (b) Address 3708 Bellefontaine Avenue

17. (a) Burial (b) Date thereof June 2, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Mt. Moriah Cemetery

18. (a) Signature of funeral director O. H. Spencer's Sons
 (b) Address 1401 Brush Creek Blvd.

19. (a) 6-2-42 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month May day 31 st
 year 1942 hour 7 minute 00A.M.
 21. I hereby certify that I attended the deceased from May 1
1942 to May 30, 1942
 that I last saw her alive on May 30 7 PM, 1942
 and that death occurred on the date and hour stated above.
 Immediate cause of death pneumonia, lobar
 Duration 4 days
 Due to 108
 Due to _____
 Other conditions Colitis
(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?
 While at work? _____ (Specify type of place) (e) Means of injury _____
 23. Signature [Signature] (M. D. or other) MD
 Address 1103 Kang K.C. Mo Date signed 6/1/42

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

361

(Licensed Embalmer's Statement on Reverse Side)

Dr. John Crowder
1324 Professional Bldg
12.30.5
Monday

AUG 3 1944

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 C. Hervey Quisenberry
Licensed Embalmer No. 4070
P. O. Address ACM

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.