

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **31040**

FILED OCT 8 1942

Registration District No. **274**

Primary Registration District No. **5936**

Registrar's No. **314**

1. PLACE OF DEATH:

(a) County **Pettis**  
(b) City or town **Smithton, Mo**  
(c) Name of hospital or institution **1**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **16 years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **William Montgomery**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **No**

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married **married**  
divorced **no**

6. (b) Name of husband or wife **Mary Ann** (c) Age of husband or wife If alive **83** years

7. Birth date of deceased **July 14 - 1852**  
(Month) (Day) (Year)

8. AGE: Years **90** Months **1** Days **11** If less than one day

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

10. Usual occupation **Farmer**

11. Industry or business

12. Name **Mrs Montgomery**

13. Birthplace **DeLand, Fla** (City, town, or county) **DeLand, Fla** (State or foreign country)

14. Maiden name **Do not know**

15. Birthplace **DeLand, Fla** (City, town, or county) **DeLand, Fla** (State or foreign country)

16. (a) Informant **Mrs J. E. Jackson**

(b) Address **Smithton Mo**

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

(c) Place: burial or cremation **Smithton Cem**

18. (a) Signature of funeral director **J. E. Jackson**

(b) Address **Smithton Mo**

19. (a) **9-26-42** (b) **Mrs Anna Berger**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Pettis**  
(c) City or town **Smithton & Rural**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **71** (If rural, give location)  
(e) If foreign born, how long in U. S. A. **71** years

MEDICAL CERTIFICATION

20. DATE OF DEATH Month **Aug** day **25**  
year **1942** hour **11** minute **30** M.

21. I hereby certify that I attended the deceased from **July 25** to **Aug 25** 19**42**  
that I last saw him alive on **Aug 25** 19**42**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Chron. Myocarditis**

Due to **Senility**

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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) (Specify means of injury)

23. Signature **E. E. Jackson** (M. D. or other)  
Address **Smithton Mo** Date signed **8/26**

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 10-7-42

---

---

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

*A. F. Kemmeyer*

Licensed Embalmer No. 3912

P. O. Address Smithton 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, above space should be left blank.