

FILED DEC 8 1942

Registration District No. 165

Primary Registration District No. 4253

Registrar's No. 7

51
80

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

1. PLACE OF DEATH:

(a) County Johnson

(b) City or town Chilhowee
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution in Chilhowee
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 70 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson

(c) City or town Chilhowee
(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 Georgie E. Montague

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 22
year 1942 hour 1 minute 00 A.M.

21. I hereby certify that I attended the deceased from July 20
1942 to Nov 22 1942

that I last saw her alive on Nov 22 1942
and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Julia Montague 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 10 1853
(Month) (Day) (Year)

Immediate cause of death Angina pectoris Duration 25 yrs

Due to acute indigestion

Due to qf

Other conditions (Include pregnancy within 3 months of death) _____

8. AGE: Years Months Days If less than one day

89 1 6 hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name Wm F Marshall

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

14. Maiden name Sarah M. Day

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

16. (a) Informant Mrs Jessie Young

(b) Address Chilhowee Mo

17. (a) Burial (b) Date thereof 11 24 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chilhowee

18. (a) Signature of funeral director Fred Williamson

(b) Address Clinton Mo

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

19. (a) 11-24-42 (b) Mrs. O. L. Cook, Deputy
(Date received local Registrar) (Registrar's signature)

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. N. Robinson (M. D. or other) DO

Address Chilhowee Date signed Nov 24 1942

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 12-4-42

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 Fred Wilkinson

Licensed Embalmer No. 2478

P. O. Address Clinton 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.