

S. No. 2  
FORM-2-43  
5-17-39  
I X3587

14093

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. 90

ED MAY 11 1943  
Registration District No. \_\_\_\_\_  
Primary Registration District No. 3016

26  
5  
4

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

1. PLACE OF DEATH:

(a) County... Cole

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

(c) Name of hospital or institution:  
616 Michigan Street  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution... \_\_\_\_\_  
(Specify whether

In this community... 40 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State... Mo. (b) County... Cole

(c) City or town... Jefferson City, Mo.  
(If outside city or town limits, write "RURAL")

(d) Street No. 616 Michigan Street  
(If rural, give location)

(e) Citizen of foreign country?... No. (Yes or No)  
If yes, name country... \_\_\_\_\_

3. (a) PRINT FULL NAME... Mary Katherine Montgomery

3. (b) If veteran, name war... \_\_\_\_\_

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 26  
year 1943 hour 7 minute 45 A.M.

21. I hereby certify that I attended the deceased from Apr 26 1943 to Apr 26 1943  
that I last saw her alive on Apr 25 1943  
and that death occurred on the date and hour stated above.

4. Sex... Female

5. Color or race... White

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

6. (b) Name of husband or wife... J. P. Montgomery

6. (c) Age of husband or wife if alive... 77 years

7. Birth date of deceased... Nov. 9 1860  
(Month) (Day) (Year)

Immediate cause of death... Cerebral Hemorrhage

Duration 2 days

8. AGE:

Years	Months	Days	If less than one day
<u>82</u>	<u>03</u>	<u>5</u>	<u>17</u> hr. _____ min.

Due to... \_\_\_\_\_

Due to... \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 83a1

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

10. Usual occupation... House Wife

PHYSICIAN

Underline the cause to which death should be charged statistically.

11. Industry or business... \_\_\_\_\_

MOTHER FATHER { 12. Name... Wiley Madden

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

14. Maiden name... Nancy Ann Gathwright

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

16. (a) Informant... Wiley Madden

(b) Address... Jefferson City, Mo.

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? \_\_\_\_\_

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 28, 43  
(Month) (Day) (Year)

(c) Place: burial or cremation... Pleasant Cemetery

23. Signature... [Signature] (M.D. or other) \_\_\_\_\_  
Address... Jefferson City Date signed... 4-26-43

18. (a) Signature of funeral director... [Signature]

(b) Address... Jefferson City, Mo.

19. (a) 4-26-43 (Date received local registrar)

(b) [Signature] (Registrar's signature)

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**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

*Louis Forest*

Licensed Embalmer No.

*4096*

P. O. Address

*Jefferson*

**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.**