

No. 2
1-4-41
-17-39
X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

20884

FILED JUN 29 1943 3542

Registration District No. _____

Primary Registration District No. 1001-1008

State File No. _____
Registrar's No. 631

1. PLACE OF DEATH:

(a) County. BUCHANAN
(b) City or town. ST. JOSEPH
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 mos 5 days
(Specify whether
In this community. Yes
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Mo (b) County. Jackson
(c) City or town. Kansas City, Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 437 West 34th St
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13
year 1943 hour 6:30 minute 10 M.
21. I hereby certify that I attended the deceased from Oct 8
1942 to May 13 1943
that I last saw her alive on May 13 1943
and that death occurred on the date and hour stated above.

3. (a) PRINT FULL NAME Mary W. Montgomery
3. (b) If veteran, name war no
3. (c) Social Security No. no

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife. not given
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased not given
(Mouth) (Day) (Year)

Immediate cause of death Chronic pneumonia
Due to Diarrhea 4 days
Due to Don't know ✓

8. AGE: Years Months Days If less than one day
77+ hr. min.

9. Birthplace Queens County, Va
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business at home

12. Name not given

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

14. Maiden name not given

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

16. (a) Informant Hospital record

(b) Address St Joseph

17. (a) removal (b) Date thereof 5-14-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Blue Springs, Mo

18. (a) Signature of funeral director W. B. Webb & Sons
(b) Address Blue Springs, Mo

19. (a) 5-14-43 (b) Rob Stergay
(Date received local registrar) (Registrar's signature)

Other conditions (Include pregnancy within 3 months of death) 170 lb

Major findings: _____
Of operations _____
Of autopsy no autopsy

Duration
4 days
4 days
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 W. B. Webb (M. D. or other)
Address St Joseph, Mo Date signed 5/13/43

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.....

R. B. Webb

Licensed Embalmer No.....

2853

P. O. Address.....

Blue Springs?

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.