

FILED AUG 11 1943

Registration District No. 170

Primary Registration District No. 3033

Registrar's No.

1. PLACE OF DEATH:

(a) County Laclede

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

(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. _____ (Specify whether in this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Laclede ⁵³

(c) City or town Lebanon ²
(If outside city or town limits, write "RURAL")

(d) Street No. 105 Monroe St
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country. 0

3. (a) PRINT FULL NAME IRA EFFIE MONTGOMERY

3. (b) If veteran, name war _____

3. (c) Social Security No. none

4. Sex 7 5. Color or race w

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

6. (b) Name of husband or wife Chas. Montgomery

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

7. Birth date of deceased Dec 8 1885
(Month) (Day) (Year)

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

57 6 24 hr. _____ min.

9. Birthplace Laclede Co mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Payton Hough

13. Birthplace Laclede Co mo
(City, town, or county) (State or foreign country)

14. Maiden name Nancy Wilson

15. Birthplace Wright Co mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mr J E Hilton

(b) Address Lebanon mo

17. (a) Burial (b) Date thereof July 4 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Roper Cemetery

18. (a) Signature of funeral director W E Holman

(b) Address Lebanon mo

19. (a) Aug 1-43 (b) Grace Roper
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2
year 1943 hour 1 minute P.M.

21. I hereby certify that I attended the deceased from 4-3 1943 to 7-2 1943
that I last saw h. u. alive on 7-2 1943
and that death occurred on the date and hour stated above

Immediate cause of death CA head of pancreas

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 46

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) (e) Means of injury 1

23. Signature R E Hanell (M. D. or other) MD
Address Lebanon mo Date signed 7-5-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

1090

(Licensed Embalmer's Statement on Reverse Side)

Received **AUG 6** 1943

Laclede County Health Unit

File No. ~~7-43-110~~ ~~110~~

Date Filed **AUG 8** 1943

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 Dorsey M. Howe

Licensed Embalmer No. 4222

P. O. Address Lebanon, 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.