

No. 2
1-4-41
17-39
X28370

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **29553**

FILED SEP 13 1943

Registration District No. **348**

Primary Registration District No. **6175**

Registrar's No. **22**

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

1. PLACE OF DEATH:

(a) County **Sullivan**

(b) City or town **Harris, Rural Liberty Twp.**
(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 institution _____ (Specify whether _____)

In this community _____ (Specify whether _____)
years, months or days **Life time**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Sullivan**

(c) City or town **Harris, Rural Liberty Twp.**
(If outside city or town limits, write "RURAL")

(d) Street No. **Liberty Twp.**
(If rural, give location)

(e) Citizen of foreign country? **no.** (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME **Novel Ellsworth Montgomery**

3. (b) If veteran, name war **no**

3. (c) Social Security No. **none**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug** day **27**
year **1943** hour **8** minute **30 a.m.**

21. I hereby certify that I attended the deceased from **June**
that I last saw him alive on **Aug 7** 19**43**
and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or race **White**

6. (b) Name of husband or wife **Melle Pratt Montgomery** (c) Age of husband or wife if alive **57** years

7. Birth date of deceased **July 9, 1888**
(Month) (Day) (Year)

Immediate cause of death **endocarditis (acute)** 2 mo.
epilepsy life.

8. AGE: Years **55** Months **1** Days **26** If less than one day _____ hr. _____ min.

9. Birthplace **Sullivan Co. Missouri**
(City, town, or county) (State or foreign country)

Due to _____

Date to _____

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

10. Usual occupation **Farmer**

11. Industry or business _____

12. Name **Daniel E. Montgomery**

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

14. Maiden name **Catherine Waters**

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

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? _____

16. (a) Informant **Mrs. Nora E. Montgomery**

(b) Address **R.F.D. Harris, Mo.**

17. (a) **Burial** (b) Date thereof **Aug 29, 1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or _____ **Thomas Wilson Cemetery**

18. (a) Signature of funeral director **John E. Todd**

(b) Address **Weldon, Mo.**

19. (a) **Sept 2 1943** (b) **no** **John E. Todd**
(Date received local registrar) (Registrar's signature)

23. Signature **Weldon** (Specify type of place) _____ (c) Means of injury _____

Address **Weldon Mo** Date signed **8-30-43**

1845

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 10

District File Number 9-43,1546

Date Filed SEP 10 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..... Frank J. Schwen.....

Licensed Embalmer No. 2916

P. O. Address..... Milan, Md.....

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.