

LED SEP 9 1943 70
Registration District No.

Primary Registration District No. 6255

State File No.
Registrar's No.

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

1. PLACE OF DEATH:

(a) County Wayne

(b) City or town Rural Center Mo
(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 all life
years, months or days

2. USUAL RESIDENCE OF DECEASED: 111

(a) State Missouri (b) County Wayne 0

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) If foreign born, how long in U. S. A? _____ 0 years.

3. (a) PRINT FULL NAME Ida Jane Montgomery

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19th
year 1943 hour 7:10 minute 4 M.

21. I hereby certify that I attended the deceased from January
21, 1943, to May 19, 1943

4. Sex F 5. Color or race W

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

6. (b) Name of husband or wife Urley Lewis Montgomery

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased. Mar. 20 1882
(Month) (Day) (Year)

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

Immediate cause of death Chronic Interstitial Nephritis

Duration 1 yr.

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

60 5 29 hr. _____ min.

Due to _____

Due to _____

Other conditions Diabetes Mellitus
(Include pregnancy within 3 months of death)

9. Birthplace Wayne Co Mo 0
(City, town, or county) (State or foreign country)

Major findings: 61

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name Thomas Lafayette Ward

13. Birthplace Wayne Co Mo 0
(City, town, or county) (State or foreign country)

14. Maiden name Martha White

15. Birthplace Wayne Co Mo 0
(City, town, or county) (State or foreign country)

16. (a) Informant Urley Lewis Montgomery

(b) Address Nisacm Mo

17. (a) Burial (b) Date thereof May 20 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Trindwell Cem.

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 _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) Aug 20 1943 (b) Inez Demmitt
(Date received local registrar) (Registrar's signature)

23. Signature John F Wagner (M. D. or other) M.D.

Address Greenville, Mo Date signed 5-19-43

RECEIVED

District Health Officer No. 4
District File Number 943-2690
Date Filed 9-8-43

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 [Signature]

Licensed Embalmer No. 3474

P. O. Address [Signature]

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.