S. No. 2
M—2-43
5-17-39
I X35897

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 13 1943

Registration District No. 1602

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30855

Primary Registration District No. 1602

Registrar's No. 4175

1. PLACE OF DEATH:
(a) County: Jackson,
(b) City or town: Kansas City,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3516 Summit St., 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution since 6-21-43 (Specify whether years, months or days)
In this community 50 years,

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson, 48
(c) City or town: Kansas City, 3
(If outside city or town limits, write "RURAL") 0
(d) Street No.: 4128 Warwick Blvd.,
(If rural, give location)
(e) Citizen of foreign country? x (Yes or No)
If yes, name country: x 1

3. (a) PRINT FULL NAME: Mrs. Ellen 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, 2

6. (b) Name of husband or wife: Peyton Montgomery

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

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

8. AGE: Years 82 | Months | Days | If less than one day hr. min.

9. Birthplace: Kentucky, (City, town, or county) 1 (State or foreign country)

10. Usual occupation: at home,

11. Industry or business: x

FATHER
12. Name: Reuben Wingate,
13. Birthplace: Unknown, (City, town, or county) Unknown, 9 (State or foreign country)

MOTHER
14. Maiden name: Unknown,
15. Birthplace: Unknown 9 (City, town, or county) (State or foreign country)

16. (a) Informant: J. W. Wingate,
(b) Address: 425 West 61st St., Kansas City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10-2-43 (Month) (Day) (Year)
(c) Place: burial or cremation: Elmwood Cemetery

18. (a) Signature of funeral director: Stine & McClure,
(b) Address: 3235 Gillham Plaza, Kansas City, Mo.

19. (a) 10-1-43 (Date received local registrar) (b) R. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 30th year 1943 hour 1:45 minute A. M.

21. I hereby certify that I attended the deceased from June 3, 1943 to September 30, 1943
that I last saw her alive on Sept 21, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Nephritis	3 yrs
Mitral Insufficiency with Dropsy	
Due to	
Due to 131 N	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature: John L. Lapp (M. D. or other) M.D.
Address: 1314 Professional Bldg Date signed: 10/1/43

(Licensed Embalmer's Statement on Reverse Side)

Dr. John Lepp

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 J. Clair Shuppard

Licensed Embalmer No. 4179

P. O. Address K. C. 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.