

FILED JAN 10 1944

Registration District No. _____

Primary Registration District No. 5016

Registrar's No. 135

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

1. PLACE OF DEATH:

(a) County Andrew
(b) City or town Cosby, Monroe Township
(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 Not
In this community Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew
(c) City or town Cosby
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Francis Montgomery

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife James S. Montgomery 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased September 27 1850
(Month) (Day) (Year)

8. AGE: Years 93 Months 2 Days 28 If less than one day _____ hr. _____ min.

9. Birthplace St. Joseph Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business _____

MOTHER FATHER

12. Name George Beatty
13. Birthplace Unknown Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Susan Dinwiddie
15. Birthplace Unknown Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. George Wagenblast
(b) Address Cosby, Missouri

17. (a) Burial (b) Date thereof 12/27/1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Fair View Cemetery

18. (a) Signature of funeral director Halter Meyerhoffer
(b) Address 1302 Parson St., St. Joseph, Mo.

19. (a) 12-27-43 (b) F.H. Fitchman
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DECEMBER day 25th
year 1943 hour 9: minute 00, A.M.
21. I hereby certify that I attended the deceased from OCTOBER 15, 1942 to DECEMBER 24, 1943
that I last saw her alive on DECEMBER 24, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death ACUTE BRONCHITIS Duration 2 days

Due to ACUTE ASTHMA 4 days

Due to HYPOSTATICAL PNEUMONIA 7 days

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature W.B. Maxwell (M. D. or other) DO.
Address Cosby, Mo. Date signed 12/26/43

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.....

Albert R. Harrington

Licensed Embalmer No. *3258 Missouri*

P. O. Address. *St. Joseph, 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.