

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42708

FILED JAN 10 1944

Registration District No. 163

Primary Registration District No. 3031

Registrar's No. 67

1. PLACE OF DEATH:

(a) County Jefferson

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

(c) Name of hospital or institution:
402 St. Louis
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None
(Specify whether years, months or days)

In this community 24 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jefferson ⁵⁰

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

(d) Street No. 402 St. Louis
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country. 0

3. (a) PRINT FULL NAME FANNIE MONTGOMERY

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 13
year 1943 hour 9 minute 15 P.M.

4. Sex female / race White

5. Color or race White

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

6. (b) Name of husband or wife Edward B. Montgomery

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

7. Birth date of deceased Dec. 24, 1871
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 31, 1943 to Dec 13, 1943

that I last saw him alive on Dec 13, 1943

and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>11</u>	<u>29</u>	hr. min.

Immediate cause of death Mitral stenosis, rheumatic

Due to cirrhosis liver, atrophic

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

Due to 12th fl

10. Usual occupation At Home

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

11. Industry or business

12. Name William Hillen

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

14. Maiden name Frances Hawkins

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

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant (Mrs) E. E. Robinson

(b) Address 402 St. Louis St. DeSoto Mo

17. (a) Burial: (b) Date thereof Dec 15 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hopewell, Mo.

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?

18. (a) Signature of funeral director Lee Mothershead

(b) Address

19. (a) 12-15-43 (b) Fern Spencer (Registrar's signature)

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

23. Signature J. P. Ingels or other do

Address DeSoto, Mo. Date signed 12-14-43

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(Licensed Embalmer's Statement on Reverse Side)

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

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. E. Mathewshead

Licensed Embalmer No.

3531

P. O. Address

Laoto 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.