

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10077

FILED JAN 10 1944

Registration District No. 210

Primary Registration District No. 4322

Registrar's No. 167

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

1. PLACE OF DEATH:

(a) County Merced
(b) City or town Princeton
(c) Name of hospital or institution Wellington Hospital
(d) Length of stay: In hospital or institution 6 days
In this community same

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Sullivan
(c) City or town Newtown Rural
(d) Street No. Clay Township
(e) If foreign born, how long in U. S. A.? 1 years

3. (a) PRINT FULL NAME Nova Leland Montgomery

MEDICAL CERTIFICATION

3. (b) If veteran, name war No

3. (c) Social Security No. _____

20. DATE OF DEATH: Month Nov day 28
year 1943 hour 2 minute 45 P. M.

21. I hereby certify that I attended the deceased from Nov 25, 1943, to Nov 28, 1943, that I last saw him alive on Nov 28, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 6 days

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Winona A. Montgomery 6. (c) Age of husband or wife if 57 years

7. Birth date of deceased: July 28 (Month) 1883 (Day) (Year)

8. AGE: Years 60 Months 4 Days 0 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Thomas Montgomery

13. Birthplace no data

14. Maiden name Mary C. Burdette

15. Birthplace no data

16. (a) Informant Mrs. Nova L. Montgomery

(b) Address Newtown, Mo.

17. (a) Burial (b) Date thereof Nov 30, 1943

(c) Place: burial Elmwood Cem. Millan, Mo.

18. (a) Signature of funeral director Schoenberger

(b) Address Millan, Mo. Frank D.

19. (a) 12-2-43 (b) Jessie Alley

(Date received local registrar) (Registrar's signature)

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) gza!

Major findings: 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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Byron J. Ostell (M. D. or other) DO

Address Princeton, Mo Date signed 11-28-43

PHYSICIAN

Underline the cause to which death should be charged statistically.

JAN 18 1944

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 S. Lippen*

Licensed Embalmer No..... *2016*

P. O. Address..... *Milav, W*

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.