

No. 2
-5-43
5-17-39
1 X36671

FILED MAR 27 1944
Registration District No. 156

Primary Registration District No. 2001

Registrar's No. 150

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

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: St. John's Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 months
(Specify whether years, months or days)

In this community 7 1/2 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Neck City 0
(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 Charles W. Montgomery

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male 5. Color or face White

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

6. (b) Name of husband or wife Hattie M. Montgomery

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased January 5 1879
(Month) (Day) (Year)

8. AGE: Years 65 Months 2 Days 10
If less than one day hr. min.

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

10. Usual occupation Machinist

11. Industry or business Machine Shop

MOTHER FATHER { 12. Name Francis Marion Montgomery

13. Birthplace Unknown Indiana
(City, town, or county) (State or foreign country)

14. Maiden name Melinda Jane Webster

15. Birthplace Unknown Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant Forrest R. Montgomery

(b) Address 224 N. Division, Joplin, Mo.

17. (a) Burial (b) Date thereof Mar. 18, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ozark Memorial Park

18. (a) Signature of funeral director Knell Morbury

(b) Address Carthage, Missouri

19. (a) 3-18-44 (b) *[Signature]*
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15
year 1944 hour 1 minute 53 M.

21. I hereby certify that I attended the deceased from Jan 15 1944 to Jan 16 1944
that I last saw h alive on Jan 15 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: *[Handwritten: cerebral hemorrhage]*

Due to: *[Handwritten: cerebral hemorrhage]*

Due to: *[Handwritten: cerebral hemorrhage]*

Other conditions: *[Handwritten: 83a!]*
(Include pregnancy within 3 months of death)

Major findings: Of operations: *[Handwritten: 83a!]*

Of autopsy: *[Handwritten: 83a!]*

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) (c) Means of injury

23. Signature: *[Handwritten: W. A. ...]* (M. D. or other)
Address: *[Handwritten: ...]* Date signed: *[Handwritten: 3-16]*

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

44-3-251

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.....

Emm L. Steel

Licensed Embalmer No. *391*.....

P. O. Address *Carthage*.....

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.