

FILED JUN 8 1944

Registration District No. 274

Primary Registration District No. 5935

Registrar's No. 180

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia, Rural Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: R. F. D. #2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Entire Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis
(c) City or town Sedalia, Rural
(If outside city or town limits, write "RURAL")
(d) Street No. R. F. D. #2
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Paul Payne Montgomery

3. (b) If veteran, name war _____ 3. (c) Social Security No. 7.02-16-1700

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

6. (b) Name of husband or wife Madeline Montgomery 6. (c) Age of husband or wife if alive 33 years

7. Birth date of deceased December 1 1909
(Month) (Day) (Year)

8. AGE: Years 34 Months 5 Days 29 If less than one day _____ hr. _____ min.

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

10. Usual occupation Sheet Metal Worker

11. Industry or business

12. Name R. D. Montgomery
13. Birthplace Curtis Nebraska
(City, town, or county) (State or foreign country)
14. Maiden name Ona Payne
15. Birthplace Newland Missouri
(City, town, or county) (State or foreign country)

MOTHER FATHER

16. (a) Informant Mrs. Paul Montgomery
(b) Address Sedalia, Missouri

17. (a) Burial (b) Date thereof 6/1/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director McLaughlin Bros.

(b) Address Sedalia, Missouri

19. (a) 5-31-44 (b) Mrs Anna Dwyer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30
year 1944 hour 10 minute 10 A.M.

21. I hereby certify that I attended the deceased from May 30 1944, to _____, 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the _____ date and hour stated above.

Immediate cause of death Strangulation and a broken neck from hanging with suicidal intent
Due to _____

Due to _____

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) Suicide
(b) Date of occurrence May 30, 44
(c) Where did injury occur? Pettis Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? his home
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature N. J. Bishop (M. D. or other) _____
Address Sedalia Mo Date signed 5-31-44

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

80
0
0

80
5
0

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 6-7-44

JUN 9 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 Philip M. McLaughlin

Licensed Embalmer No. 3729

P. O. Address Salida, 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.