V. S. No. 2
00M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 19 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31046

Registration District No. 148 Primary Registration District No. 5565 Registrar's No. 14

1. PLACE OF DEATH:

(a) County IRON

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

(c) Name of hospital or institution: Iron Twp (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether In this community 10 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 000

(c) City or town ST LOUIS (If outside city or town limits, write "RURAL") 17

(d) Street No. 9 (If rural, give location)

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

If yes, name country 1

3. (a) PRINT FULL NAME POLLY JANE BARTON

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife

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

7. Birth date of deceased NOV (Month) 7 (Day) 1860 (Year)

8. AGE: Years 83 Months 8 Days 27 If less than one day hr. min.

9. Birthplace FRANCIS COUNTY MO (City, town, or county) (State or foreign country) 0

10. Usual occupation HOUSEWIFE

11. Industry or business

FATHER
12. Name JAMES MONTGOMERY
13. Birthplace unknown (City, town, or county) (State or foreign country) 9

MOTHER
14. Maiden name BABE KAY
15. Birthplace unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant LOUIS BARTON

(b) Address POTOSI . MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 9 (Month) 6 (Day) 44 (Year)

(c) Place: burial or cremation BARTON CEMETERY

18. (a) Signature of funeral director BOYER FUNERAL HOME

(b) Address POTOSI. MISSOURI

19. (a) Sept 1-44 (Date received local registrar) (b) Mrs J C Rutter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 4 year 1944 hour 11 minute 45p M.

21. I hereby certify that I attended the deceased from Aug 27, 1944, to Sept. 4, 1944 that I last saw her alive on Aug. 27, 1944, 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Arterial Sclerosis, general	10 yrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

97

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Ben M. Bull (M. D. or other) M. D.

Address Ironton, Mo. Date signed 9-5-44

1048

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 944-4320

Date Filed 9-18-44

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 Mary M. Smith, Registered Apprentice No. 359, working under my personal supervision.

Signed C. H. Boyd

Licensed Embalmer No. 4158

P. O. Address Potosi 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.