

FILED SEP 25 1944
Registration District No. **209**

Primary Registration District No. **3043**

Registrar's No. **271**

1. PLACE OF DEATH:

(a) County **Marion**
(b) City or town **Hannibal**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **St Elizabeth Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **10 Days Hospt**
(Specify whether years, months or days)
In this community **10 Days**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Ralls**
(c) City or town **Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. **Huntington; Mo R. I**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **1**

3. (a) PRINT FULL NAME **Anna Lucinda Montgomery**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **James A** 6. (c) Age of husband or wife if alive **57** years
7. Birth date of deceased **March 31 1886**
(Month) (Day) (Year)

8. AGE: Years **58** Months **5** Days **1** If less than one day hr. min.

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

10. Usual occupation **At Home**

11. Industry or business

MOTHER FATHER { 12. Name **John A Yates**
13. Birthplace **Monroe County Missouri**
(City, town, or county) (State or foreign country)
14. Maiden name **Maude Combs**
15. Birthplace **Monroe County Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **St Montgomery**
(b) Address **Huntington Mo**

17. (a) **Burial** (b) Date thereof **Sept 4 1944**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Holy Rosary Monroe City**

18. (a) Signature of funeral director **Wilson Sons**

(b) Address **Monroe City Mo**

19. (a) **9-5-44** (b) **Wilson**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **September** 1st
year **1944** hour **4** minute **15** M.

21. I hereby certify that I attended the deceased from **Sept 1 - 1944**
to **Sept 4 - 1944**

that I last saw her alive on **Aug 31 - 1944**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Arteriosclerosis** Duration **30y**
Heart failure

Due to **Coronary Arteriosclerosis**
of the heart

Due to **Coronary Arteriosclerosis**
of the heart

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **940**

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?

While at work (Specify type of place) (e) Means of injury

23. Signature **J. D. ...** (M: D. or other) **MD**
Address **Monroe City** Date signed **9/4/44**

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

04
3
4

1146

MAY 9 1947
MAR 7 1947

SEP 27 1947

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 *Rym*

....., Registered Apprentice No.
working under my personal supervision.

Signed *Leticia L. Nelson*

Licensed Embalmer No. *3014*

P. O. Address *Windsor, 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.