V. S. No. 2
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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 4 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

36841

State File No.

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4611

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Research 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days (Specify whether
In this community 6 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson 51
(c) City or town Route #2, Holden ? Mo. 0
(If outside city or town limits, write "RURAL")
(d) Street No. 9 miles South of Holden. 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country xxxx 0

3. (a) PRINT FULL NAME ROBERT MARION MONTGOMERY

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

4. Sex male 0
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Anna Montgomery
6. (c) Age of husband or wife if alive 48 years
7. Birth date of deceased June 2, 1886 (Month) (Day) (Year)

8. AGE: Years 58 Months 5 Days 9 If less than one day hr. min.

9. Birthplace Mulkeytown, Illinois. (City, town, or county) (State or foreign country)
10. Usual occupation farmer
11. Industry or business on farm

FATHER
12. Name Robert Benjamin Montgomery
13. Birthplace unknown (City, town, or county) Tennessee (State or foreign country)

MOTHER
14. Maiden name Martha K. Simpkins
15. Birthplace unknown (City, town, or county) Illinois. (State or foreign country)

16. (a) Informant Anna Montgomery,
(b) Address Route #2, Holden, Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof Nov 14, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Urich, Missouri
18. (a) Signature of funeral director Canaday and Ropp
(b) Address Holden, Missouri.
19. (a) 11-16-44 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 11
year 1944 hour 1:30 minute A M.
21. I hereby certify that I attended the deceased from 11/5/44, 19 to 11/11/44, 19;
that I last saw him alive on 11/11/44, 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Peritonitis	
Due to Ruptured Appendix	
Due to	
Other conditions (Include pregnancy within 3 months of death) 121:1	
Major findings: Of operation Ruptured Appendix + peritonitis	PHYSICIAN
Of autopsy	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 0

23. Signature Walter Hallsoon (M. D. or other)
Address 1132 Prof. Bldg Date signed 11/13/44

(Licensed Embalmer's Statement on Reverse Side)

Dr. Holbrook

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 M L Canaday

Licensed Embalmer No. 3434

P. O. Address Holden, 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.