

S. No. 2  
DOM-2-43  
Rev. 5-17-39  
X 35697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JAN 23 1945

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1318  
Registrar's No. 89

Registration District No. 149

Primary Registration District No. 1002

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town 311 Kansas City  
(c) Name of hospital or institution:  
311 West 51st Street,  
(d) Length of stay: In hospital or institution no.  
In this community 31 years

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(d) Street No. 311 West 51st Street,  
(e) Citizen of foreign country? no.

3. (a) PRINT FULL NAME Mrs. Corinne Hassell Montague  
(b) If veteran, name war no.  
(c) Social Security No. no.

20. DATE OF DEATH: Month January day 7th  
year 1945 hour 1:15 minute A.

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced, Widowed  
(b) Name of husband or wife James W. Montague  
(c) Age of husband or wife if alive dec. years  
7. Birth date of deceased February 14 1855

21. I hereby certify that I attended the deceased from May 14 to Jan 7  
that I last saw her alive on Jan 6  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
89 10 23 hr. min.

Immediate cause of death Coronary thrombosis  
Due to Hypertension

9. Birthplace Tennessee  
10. Usual occupation at home

Other conditions (Include pregnancy within 3 months of death) 3

11. Industry or business X  
12. Name unknown  
13. Birthplace unknown

Major findings: Of operations g30  
Of autopsy g30  
PHYSICIAN g30  
Underline the cause to which death should be charged statistically.

14. Maiden name unknown  
15. Birthplace unknown

16. (a) Informant Frank Witherspoon  
(b) Address 311 W. 51st St., K. C., Mo.  
17. (a) removal (b) Date thereof 1-9-45

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? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

(c) Place: burial or cremation Mexico, Missouri  
18. (a) Signature of funeral director Stine & McClure  
(b) Address 3235 Gillham Plaza, K. C., Mo.

While at work (Specify type of place) \_\_\_\_\_  
(e) Means of injury \_\_\_\_\_  
23. Signature J. E. Brown (M.D. or other) \_\_\_\_\_  
Address K. C., Mo. Date signed 1/14/45

19. (a) 1-8-45 (b) J. E. Brown

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

MOTHER FATHER

Dr. Boughnow

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**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.....

Licensed Embalmer No. 1455

P. O. Address 150 170

**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.**