

FILED JUL 10 1945

Registration District No. 558

Primary Registration District No. 5590

Registrar's No. 177

1. PLACE OF DEATH:

(a) County Jefferson  
(b) City or town Rural Big River Twp  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Own home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community 5 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jefferson  
(c) City or town Rural Big River Twp  
(If outside city or town limits, write "RURAL")  
(d) Street No. Near Cermann Mo  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MARY ELLEN TIPPETT 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 Widow

6. (b) Name of husband or wife Dec. 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased March 25 1862  
(Month) (Day) (Year)

8. AGE: Years 83 Months 2 Days 29 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Memphis Mo. 1  
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry of business Own home

12. Name John Andrew Montgomery

13. Birthplace Memphis Mo. 0  
(City, town, or county) (State or foreign country)

14. Maiden name Agnes Jackson

15. Birthplace Indiana  
(City, town, or county) (State or foreign country)

16. (a) Informant Ala Seagrove

(b) Address Rural

17. (a) (Burial, cremation, or removal) Burial (b) Date thereof 6/26/45  
(Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's P. Ch. Butler Mo.

18. (a) Signature of funeral director Wm. Brimmer

(b) Address House Springs Mo

19. (a) July 7-45 (b) Ch. Eaton  
(Date reported local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24  
year 1945 - 2 hour 40 minute \_\_\_\_\_ P.M.

21. I hereby certify that I attended the deceased from June 1945  
to June 9th, 1945.  
that I last saw her alive on June 9th, 1945.  
and that death occurred on the date and hour stated above.

Immediate cause of death Myceroiditis  
Due to Arterio Sclerosis

Other conditions (Include pregnancy within 3 months of death) None

Major findings: Of operations \_\_\_\_\_ Of autopsy \_\_\_\_\_

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 G. B. Edwards (M. D. or other) \_\_\_\_\_  
Address Order Hill Date signed 6/27/45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

6761 MAY 5 1949

**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

*J. M. Brimmer*

Licensed Embalmer No. *1470*

P. O. Address

*House Springs 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.**