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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 30-4-9-267 Primary Registration District No. 3049 Registrar's No. 267

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

1. PLACE OF DEATH: Pemiscot
 (a) County Hayti
 (b) City or town _____
 (c) Name of hospital or institution: _____
 (If not in hospital or institution, write street number or location) _____
 (d) Length of stay: In hospital or institution _____ (Specify whether _____)
 In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Pemiscot 78
 (c) City or town Hayti 2
 (If outside city or town limits, write "RURAL") _____
 (d) Street No. _____ (If rural, give location) 1
 (e) Citizen of foreign country? _____ (Yes or No) 0
 If yes, name country _____

3. (a) PRINT FULL NAME John Walter Montgomery
 (b) If veteran, name war no (c) Social Security No. no
 4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
 (b) Name of husband or wife Velma Montgomery 6. (c) Age of husband or wife if alive 53 years
 7. Birth date of deceased Aug. 19 1886
 (Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Oct. day 10 year 1945 hour 4 minute _____ P. _____ M. _____
 21. I hereby certify that I attended the deceased from 10/10 to 10/10 1945 that I last saw him alive on 10/10 and that death occurred on the date and hour stated above.

8. AGE: Years 59 Months 1 Days 1 If less than one day _____ hr. _____ min.
 9. Birthplace Greenville Mo.
 (City, town, or county) (State or foreign country)

Immediate cause of death Fracture of skull from car falling on him
 Due to _____
 Due to _____
 Other conditions (include pregnancy within 3 months of death) _____

10. Usual occupation Farming
 11. Industry or business _____
 MOTHER FATHER { 12. Name William Montgomery
 13. Birthplace Greenville Mo.
 14. Maiden name Tabitha Wakefield
 15. Birthplace Coldwater Mo.
 (City, town, or county) (State or foreign country)
 16. (a) Informant Mrs. Velma Montgomery
 (b) Address Hayti Mo.
 17. (a) burial (b) Date thereof 10/12/45
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Caruthersville
 18. (a) Signature of funeral director Valhalla Funeral Home
 (b) Address Hayti Mo.
 19. (a) 10/11/45 (b) T. D. Denton
 (Date received local registrar) (Registrar's signature)

Major findings: _____
 Of operations _____
 Of autopsy _____
 22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) Accident 78
 (b) Date of occurrence 10/10/45
 (c) Where did injury occur? Hayti Pemiscot Mo.
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
on farm
 While at work? _____ (Specify type of place) _____
 (e) Means of injury car falling on him
 23. Signature T. D. Denton (M. D. or other) MD
 Hayti MO. Date signed 10/11/45

PHYSICIAN
 Underline the cause to which death should be charged statistically.

10-45-203

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.....

Jack Kelley

Licensed Embalmer No. *3788*

P. O. Address *Dayton, 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.