

FILED DEC 13 1945

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 326

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Independence
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
226 E Short 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 months
(Specify whether)

In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kentucky (b) County 979

(c) City or town Louisville 15
(If outside city or town limits, write "RURAL")

(d) Street No. 1025 S. 3rd Street
(If rural, give location) 2

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME JENNIE MONTGOMERY SMITH

3. (b) If veteran, name war none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 9 year 1945 hour 5 minute 25 P.M.

21. I hereby certify that I attended the deceased from Nov. 4 to Nov. 9, 1945

that I last saw her alive on Nov. 9, 1945 and that death occurred on the date and hour stated above.

4. Sex female / 5. Color or race white

6. (a) Single, widowed, married, divorced, widowed

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased October 14 1875
(Month) (Day) (Year)

Immediate cause of death Heart failure Duration _____
Myocardial infarction
hypertensive congestive lungs
Due to Chronic Nephritis

Died to _____

8. AGE:	Years	Months	Days	If less than one day
	<u>70</u>	<u>0</u>	<u>25</u>	_____ hr. _____ min.

9. Birthplace Paragon Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Samuel Montgomery

13. Birthplace Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Margareta Uterbach

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

16. (a) Informant Carl D. Smith

(b) Address Norwood Ohio

17. (a) Removal (b) Date thereof 11-11-1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Louisville Kentucky

18. (a) Signature of funeral director Geo. C. Carson Funeral Home

(b) Address Independence Missouri

19. (a) 11-10-45 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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

Major findings:
Of operations _____

Of autopsy 1215

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)

23. Signature [Signature] (M. D. or other) MD

Address Independence Date signed 11/10/45

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

844

1165

710

JAN 23 1946

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 George A. Carson
Licensed Embalmer No. 2249
P. O. Address Independence 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.