DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 14 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 41969

Registration District No. 243 Primary Registration District No. 5831 Registrar's No. 20

1. PLACE OF DEATH:

(a) County Newton

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

(c) Name of hospital or institution: None (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days) In this community Nine Yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton 73

(c) City or town Rural (If outside city or town limits, write "RURAL") 0

(d) Street No. Stella, Mo. Rl (If rural, give location) 0

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

If yes, name country ____

3. (a) PRINT FULL NAME Malinda Jane Montgomery

3. (b) If veteran, name war ---

3. (c) Social Security No. ---

4. Sex Female

5. Color or race W

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

6. (b) Name of husband or wife Francis Marion

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

7. Birth date of deceased March (Month) 15 (Day) 1862 (Year)

8. AGE: Years 83 Months 9 Days 2 If less than one day ____ hr. ____ min.

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

10. Usual occupation Housewife

11. Industry or business ____

MOTHER FATHER

12. Name Not Known

13. Birthplace Not Known (City, town, or county) ____ (State or foreign country)

14. Maiden name Vesta Webster

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

16. (a) Informant George Montgomery

(b) Address Stella, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/19/45 (Month) (Day) (Year)

(c) Place: burial or cremation Stella, Mo

18. (a) Signature of funeral director Wm Morris Pogue

(b) Address Wheaton, Mo.

19. (a) 1-4-1946 (Date received local registrar) (b) Ora Tanner Bymrs (Registrar's signature)

1481 (Unlicensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 17 year 1945 hour 11 minute 30 a. M.

21. I hereby certify that I attended the deceased from Dec. 14, 1945, to Dec. 17, 1945, that I last saw her alive on Dec. 16, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death ____ Duration 3 days

Due to ____

Due to ____

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

Major findings: Of operations ____ Of autopsy ____

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? ____ (Specify type of place)

While at work ____ (e) Means of injury ____

23. Signature ____ (M. D. or other)

Address ____ Date signed 12/17/45

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

RECEIVED

District Health Officer No. .....

District File Number 1245-246

Date Filed 4/5/46

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 Wm Morris Pogue

Licensed Embalmer No. 3429

P. O. Address Wheeler, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.