

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

State File No. 1624
Registrar's No. 5530

FILED JAN 21 1946
Registration District No. 149

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1867 Benton Blvd. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 2 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Maggie Robinson Montgomery

3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Fe 3
5. Color or race Col
6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Allen Montgomery
6. (c) Age of husband or wife if alive 24 years

7. Birth date of deceased April 24 1878
(Month) (Day) (Year)

8. AGE: Years 67 Months 8 Days 3
If less than one day hr. min.

9. Birthplace Laurel Miss. /
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Frozine Baker

(b) Address 1867 Benton

17. (a) burial (b) Date thereof 1/3/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln Cemetery

18. (a) Signature of funeral director Stabins Bros.
(b) Address 1729 Lydia

19. (a) 12-31-45 (b) Theraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 44
(c) City or town Kansas City
(If outside city or town limits, write "RURAL") 3
(d) Street No. 1867 Benton Blvd.
(If rural, give location) 8
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December 27
year 1945 hour 10:40 minute A. M.

21. I hereby certify that I attended the deceased from 2-3-7 1949 to 12-27 1945.
that I last saw her alive on 12-27 1945.
and that death occurred on the date and hour stated above.

Immediate cause of death HYPERTENSIVE TYPE OF HEART DISEASE
Duration

Due to Arterio Sclerosis.

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: 93 d
Of operations

Of autopsy

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) (e) Means of injury

23. Signature J. O. Tenney (M. D. or other)

Address 222 E. 15th St. Date signed 1-2-46

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD
100356

MOTHER FATHER

J. O. Henley.

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. J. Manlove*.....

Licensed Embalmer No. *3994*.....

P. O. Address *2503 Highland*.....

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.