

FILED MAR 13 1946
Registration District No. 72

Primary Registration District No. 4134

Registrar's No. 18

1. PLACE OF DEATH:
(a) County CLAY
(b) City or town SMITHVILLE, MO.
(c) Name of hospital or institution: 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 15 Years
years, months or days)

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

3. (a) PRINT FULL NAME JOHN EDWARD MONTGOMERY
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month FEB. day 14th h
year 1946 hour I: minute a. M.

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife ADDIE HORNBACK MONTGOMERY 6. (c) Age of husband or wife if 74 years
7. Birth date of deceased MAY 6 1866
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from JAN. 3, 1946 to Feb. 14, 1946
that I last saw him alive on Feb. 7, 1946
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>79</u>	<u>9</u>	<u>8</u>	hr. _____ min.

Immediate cause of death
Respiratory failure complicated by hypostatic pneumonia
Due to senility complicated by senile dementia.
Duration 3 or 4 days.

9. Birthplace GARY INDIANA
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations _____
Of autopsy _____

10. Usual occupation CONTRACTOR

11. Industry or business BRICK LAYER PLASTERER

12. Name DAVID MONTGOMERY

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

14. Maiden name _____

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

16. (a) Informant MRS. ADDIE E. MONTGOMERY

(b) Address SMITHVILLE, MO.

17. (a) BURIAL (b) Date thereof 2/16/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation GOWER, MO.

18. (a) Signature of funeral director McGowan Funeral Home
(b) Address Smithville, Mo.

19. (a) Feb 16 1946 (b) Beulah Kitchin
(Date received local registrar) (Registrar's signature)

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 2

23. Signature Donald J. ... (M. D. or other) _____

Address Smithville, Mo. Date signed 2-14-46

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

24
0
0

100

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed.....

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.....

S. A. McLooney

Licensed Embalmer No.....

2303

P.O. Address.....

Smithville, 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.