

**FILED APR 19 1946**

Registration District No. **11**

Primary Registration District No. **5043**

Registrar's No. **16**

1. PLACE OF DEATH:  
 (a) County **Barry**  
 (b) City or town **Seligman**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (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 **50 yrs.** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State **Mo** (b) County **Barry**  
 (c) City or town **Seligman**  
 (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 **James Nelson MONTGOMERY**  
**J. N. MONTGOMERY**  
 3. (b) If veteran, name war **World War I** 3. (c) Social Security No. **488-24-1848**

MEDICAL CERTIFICATION  
 20. DATE OF DEATH, Month **March** day **8th**  
**8** year **1946** hour **Approx** minute **6:00 A.M.**

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **D**  
 6. (b) Name of husband or wife: **---** 6. (c) Age of husband or wife if alive: **---** years  
 7. Birth date of deceased: **September 28, 1891**  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Jan 1930** to **Feb 18 1946**  
 that I last saw him alive on **Feb 18** and that death occurred on the date and hour stated above.

8. AGE: Years **54** Months **5** Days **10** If less than one day -- hr. -- min.

Immediate cause of death: **Coronary Thrombosis or Heart Failure**  
 Due to **Arteriosclerosis**  
 Due to **at irregular hours**  
 Other conditions: **Died while sleeping found dead in bed**  
 (Include pregnancy within 3 months of death)

9. Birthplace: **Topeka Kansas**  
 (City, town, or county) (State or foreign country)  
 10. Usual occupation: **Saw Mill Operator**

Major findings: **At**  
 Of operations: **---**  
 Of autopsy: **---**

11. Industry or business: **Saw Mill**  
 12. Name: **A. H. Montgomery**  
 13. Birthplace: **Westville, N.Y.**  
 (City, town, or county) (State or foreign country)  
 14. Maiden name: **Mildred Lind**  
 15. Birthplace: **Lawrence, Kansas**  
 (City, town, or county) (State or foreign country)

16. (a) Informant: **Mrs. W. W. Preston**  
 (b) Address: **Seligman, Missouri**

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: **---**

17. (a) **Burial** (b) Date thereof: **3/10/1946**  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation: **New Salem, Cemetary**

23. Signature: **Dr. Edward** (M. D. or other) **MD**  
 Address: **Seligman, Mo** Date signed: **3/23**

18. (a) Signature of funeral director: **W. D. Koon**  
 (b) Address: **Cassville, Missouri**  
 19. (a) **April 3 - 1946** (b) **Grace Williams**  
 (Date received local registrar) (Registrar's signature)

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

5  
0  
1

MOTHER FATHER

RECEIVED

District Health Officer No. 61

District File Number 446-455

Date Filed APR 16 1946

RECEIVED

MAY 7 1946

APR 9

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. C. Canada  
Licensed Embalmer No. 4196  
P. O. Address Cassville, 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.