

**FILED** APR 30 1946  
Registration District No. **38**

Primary Registration District No. **5466**

Registrar's No. **331**

1. PLACE OF DEATH:

(a) County **GREENE**  
(b) City or town **Beulah's Campbell Twp.**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **Ozark Osteopathic Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **6 days**  
Specify whether  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME **Amy Thelma Montgomery**

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

4. Sex **Female** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Armel Della Montgomery**  
6. (c) Age of husband or wife if alive **40** years

7. Birth date of deceased **21 - 24 - 1906**  
(Month) (Day) (Year)

8. AGE: Years **38** Months **1** Days **21**  
If less than one day  
— hr. — min.

9. Birthplace **Cedar County Mo.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **house wife**

11. Industry or business

12. Name **Ed. Stedd**

13. Birthplace **Cedar County Mo.**  
(City, town, or county) (State or foreign country)

14. Maiden name **Beba Blonka**

15. Birthplace **Cedar County Mo.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. G. R. Montgomery**  
(b) Address **Stockton, Mo.**

17. (a) **Burial** (b) Date thereof **4/17/46**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Stockton, Mo.**

18. (a) Signature of funeral director **H.H. Lohmeyer**  
(b) Address **Springfield, Mo.**

19. (a) **4-16-46** (b) **H. H. Handley**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Cedar County**  
(c) City or town **Stockton**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **Route 11**  
(If rural, give location)  
(e) Citizen of foreign country? **No.** (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **4** day **15**  
year **46** hour **12** minute **02 P.** M.

21. I hereby certify that I attended the deceased from **4-10-46** to **4-15-46**  
that I last saw her alive on **4-15-46** and that death occurred on the date and hour stated above.

Immediate cause of death **Boutonitis** Duration **3 days**

Due to **following appendicitis & cholecystitis 4-9-46**  
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?

While at work? \_\_\_\_\_ (Specify type of place)  
(c) Means of injury \_\_\_\_\_

23. Signature **[Signature]** (Date, or other)  
Address \_\_\_\_\_ Date signed **4-15-46**

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

111

4c

**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..... *Walter E. Hamilton*

Licensed Embalmer No. *3808*

P. O. Address *Springfield, 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.**

X