

FILED APR 17 1946 STANDARD CERTIFICATE OF DEATH

State File No. 12751

Registration District No. 173

Primary Registration District No. 5646

Registrar's No. 38

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Rural R 1 Marionville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Lifetime
years, months or days)

3. (a) PRINT FULL NAME John Sherman Montgomery

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife Jennie 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 18 1867
(Month) (Day) (Year)

8. AGE: Years 78 Months 11 Days 7 If less than one day _____ hr. _____ min.

9. Birthplace Lawrence Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Samuel H. Montgomery
13. Birthplace Tenn.
(City, town, or county) (State or foreign country)

14. Maiden name Adeline Williams
15. Birthplace ?
(City, town, or county) (State or foreign country)

16. (a) Informant Otis Montgomery
(b) Address Marionville, Mo.

17. (a) Burial (b) Date thereof 3-27-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olive Cemetery

18. (a) Signature of funeral director J. B. Bradford
(b) Address Marionville, Mo.

19. (a) 4-3-1946 (b) Dr. M. N. Ott
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence
(c) City or town Rural Marionville
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 26
year 1946 hour 12 minute 25 A. M.

21. I hereby certify that I attended the deceased from Feb 20 1946 to March 25 1946
that I last saw him alive on March 25 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Heart failure Duration 3 weeks
arteriosclerotic cardiovascular weak
Due to disease

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy 1 3/4
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 _____
While at work? _____

23. Signature Charles A. Spears (M. D. or other)
Address Billings, Missouri Date signed 3-26-46

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

12655

RECEIVED

District Health Officer No. 6,

District File Number 446-449

Date Filed APR 15 1948

NOV 17 1948

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 Fernand Surridge

Licensed Embalmer No. 3072

P. O. Address Aurora 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.