

S. No. 2
M-5-43
7. 5-17-39
P I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16764

State File No. _____
Registrar's No. **2304**

FILED JUN 3 1946
Registration District No. 149

Primary Registration District No. 1002

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: 3537 Main Street Conv. Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 months
In this community since 1917
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 3720 Walnut Street,
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country X

3. (a) PRINT FULL NAME Sidney J. Montgomery
3. (b) If veteran, name war no. 3. (c) Social Security No. NO.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 21
year 1946 hour 6:30 minute a. M.
21. I hereby certify that I attended the deceased from 1944 to May 21, 1946
that I last saw him alive on May 16, 1946
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Damaris Dickson Montgomery
6. (c) Age of husband or wife if alive 80 years
7. Birth date of deceased January 18 1866
(Month) (Day) (Year)

Immediate cause of death
Due to Cerebral arterial thrombosis 5 days
Cerebral arterio sclerosis 3 yrs
resulting in
Due to Bulbar palsy 7 days
Cerebral malacia 7 yrs
Other conditions _____
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
81 4 3 hr. min.

PHYSICIAN
Major findings:
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

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

10. Usual occupation retired

11. Industry or business X

12. Name John Montgomery
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Mary Broken
15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Damaris D. Montgomery
(b) Address 3720 Walnut St., Kansas City, Mo.

17. (a) Removal (b) Date thereof 5-23-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Medill, Missouri

18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 5-23-46 (b) Sheraldine Holmes
(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? _____

(Specify type of place)
While at work? _____ (e) Means of injury _____

23. Signature Herbert Teitell (M. D. or other) _____
Address 1211 Reale Bldg Date signed May 22, 1946

Walter D. Dwy

Dr. Tutthill

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. Clair Shupard*
Licensed Embalmer No. *4179*
P. O. Address *K. C. 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.