

FILED MAY 16 1946 STANDARD CERTIFICATE OF DEATH

State File No. 17134

Registration District No. 170

Primary Registration District No. 5635

Registrar's No.

1. PLACE OF DEATH:

(a) County Laclede  
(b) City or town (Rural) Phillipsburg  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Nostrum nursing home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 14 days  
(Specify whether  
In this community entire life  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Laclede 53  
(c) City or town Phillipsburg (Rural) 10  
(If outside city or town limits, write "RURAL")  
(d) Street No. 0  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country.

3. (a) PRINT FULL NAME Charles Theodore Montgomery

(b) If veteran, name war none (c) Social Security No. none

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

(b) Name of husband or wife Sarah Jane Montgomery alive years  
(c) Age of husband or wife if

7. Birth date of deceased July 17 1874  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
71 8 25 hr. min.

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

10. Usual occupation Farmer

11. Industry or business

12. Name Harvey Montgomery

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

14. Maiden name Unknown

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

16. (a) Informant Rudney Montgomery

(b) Address Lebanon Mo.

17. (a) Burial (b) Date thereof 4-5-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director W.E. Holman

(b) Address Lebanon Mo.

19. (a) 4-10-46 (b) Dr. Frankburger  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2  
year 1946 hour 9 minute P. M.

21. I hereby certify that I attended the deceased from 4-1-46 to 4-1-46  
that I last saw him alive on 4-1-46  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute subarachnoid hemorrhage  
Heart disease Duration

Due to ✓

Due to ✓

Other conditions ✓  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations 9/20  
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) (e) Manner of injury 2

23. Signature Austin S. Krouse (M. D. or other) P.O.  
Address Lebanon, Mo. Date signed 4/19/46

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

MOTHER FATHER

Received 5-13-46

Laclede County Health Unit

File No. 4-46-56

Date Filed 5-13-46

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**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 Dorsey M. Howe

Licensed Embalmer No. 4222

P. O. Address Lebanon 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.**