S. No. 2
OM—2-43
v. 5-17-39
I X35597

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 8 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 21054

Registration District No. 278 Primary Registration District No. 5909 Registrar's No. 62

1. PLACE OF DEATH:

(a) County Pennscot "a Prairie"
(b) City or town McCarty, Mo. Little Prairie
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution — (Specify whether
In this community — years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pennscot 78
(c) City or town Caruthersville
(If outside city or town limits, write "RURAL")
(d) Street No. Near McCarty School 7
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME NORA IRIN. Montgomery
3. (b) If veteran, name war — 3. (c) Social Security No. —
4. Sex F 1 5. Color or race W. 6. (a) Single, widowed, married, divorced 1
6. (b) Name of husband or wife Roy Montgomery 6. (c) Age of husband or wife if alive — years
7. Birth date of deceased Jan 7 (Month) 7 (Day) 1891 (Year)

8. AGE: Years 55 Months 5 Days 6 If less than one day hr. min.

9. Birthplace Hardin (City, town, or county) Tenn (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name Taylor Alexander
13. Birthplace Hardin (City, town, or county) Tenn (State or foreign country)
MOTHER 14. Maiden name Molly Young
15. Birthplace Decatur (City, town, or county) Tenn (State or foreign country)
16. (a) Informant Roy Montgomery
(b) Address City
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6-15-46 (Month) (Day) (Year)
(c) Place: burial or cremation Saltillo Tenn
18. (a) Signature of funeral director La Forge Mud. Co
(b) Address Caruthersville, Mo.
19. (a) 7-5-46 (Date received local registrar) (b) Tressie B. Wicks (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 13 day June year 194 hour 5 minute 15 M.
21. I hereby certify that I attended the deceased from June 1946 to June 13 1946 that I last saw her alive on June 13 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Rt side of neck & face — Duration 1 year
Due to
Due to
Other conditions malnutrition
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy 53

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature O. Cain (M. D. or other) MD
Address Caruthersville Date signed 6/14/46

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(Licensed Embalmer's Statement on Reverse Side)

7-46-152

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.....Noel C Dean.....

Licensed Embalmer No.....3941.....

P. O. Address.....Carutherville, 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.