

No. 2
M-5-43
5-17-39
I X3657

DEPARTMENT OF COMMERCE THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF THE CENSUS
FILED SEP 10 1946 STANDARD CERTIFICATE OF DEATH

State File No. **29254**
Registrar's No. **144**

Registration District No. **324** Primary Registration District No. **3072**

1. PLACE OF DEATH:
(a) County **Saline**
(b) City or town **Marshall, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Putnam Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **6 Hours** (Specify whether
In this community **All His Life** (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Saline** **99**
(c) City or town **Napton** **0**
(If outside city or town limits, write "RURAL")
(d) Street No. **R.F.D. I** **0**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No) **0**
If yes, name country _____

3. (a) PRINT FULL NAME **Charles Wayne Montgomery**
3. (b) If veteran, name war **#**
3. (c) Social Security No. **493-22-4217**

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Single**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years
7. Birth date of deceased **October 19 1926**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
19 10 10 hr. min.

9. Birthplace **Slater Mo. 0**
(City, town, or county) (State or foreign country)

10. Usual occupation **Student At Missouri Valley**

11. Industry or business **College-Marshall, Mo.**

12. Name **Charles B. Montgomery**

13. Birthplace **Slater Mo. 0**
(City, town, or county) (State or foreign country)

14. Maiden name **Lucille Jones**

15. Birthplace **Napton Mo. 11**
(City, town, or county) (State or foreign country)

16. (a) Informant **Charles M. Montgomery**

(b) Address **Napton, Mo.**

17. (a) **Burial** (b) Date thereof **9/1/46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Sunmit Memorial Garden On Highway**

18. (a) Signature of funeral director **J. Leslie Swanson** While at work? _____ (e) Means of injury _____
(b) Address **224 Marshall**

19. (a) **8/30-46** (b) **Missouri**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug** day **29**
year **1946** hour **9** minute **15** M.

21. I hereby certify that I attended the deceased from **8-29**
1946 to **8-29** 1946
that I last saw him alive on **8-29**
and that death occurred on the date and hour stated above.

Immediate cause of death **Concussion of brain from automobile accident about 9 hrs**
Due to _____

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: **ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED**
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) **accident 99**

(b) Date of occurrence **8-29-46**

(c) Where did injury occur? **Marshall Saline Mo.**
(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)

23. Signature **A. B. Putnam** (M. D. or other) _____
Address **Marshall Mo** Date signed **8-30-46**

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

294 (Licensed Embalmer's Statement on Reverse Side) **Car overturned Non-Collision**

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 2-7-46

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.....
Licensed Embalmer No. 3235
P. O. Address Marshall, 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.