

S. No. 2
M-5-43
v. 5-17-39
I X38671

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 137

Registration District No. _____ Primary Registration District No. 4143

1. PLACE OF DEATH:
(a) County Cooper
(b) City or town Blackwater
(c) Name of hospital or institution:
Blackwater, Mo.
(d) Length of stay: In hospital or institution _____
In this community 50 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cooper
(c) City or town Blackwater
(d) Street No. _____
(e) Citizen of foreign country? no
If yes, name country _____

3. (a) PRINT FULL NAME Cornelius Montgomery
3. (b) If veteran, name war _____
3. (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov. day 26
year 1946 hour 7:40 minute P. M.

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 31, 1877
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug. 31 1946 to Nov. 26 1946
that I last saw him alive on Nov. 24, 1946
and that death occurred on the date and hour stated above.

8. AGE: Years 69 Months 0 Days 25
If less than one day _____ hr. _____ min.

Immediate cause of death: Gastric Carcinoma
Due to _____
Due to _____

9. Birthplace Monroe County, Missouri
(City, town, or county) (State or foreign country)

Other conditions (include pregnancy within 3 months of death) _____
Major findings: 46 B
Of operations _____
Of autopsy _____

10. Usual occupation Farmer-retired
11. Industry or business Agriculture
12. Name James T. Montgomery
13. Birthplace unknown, Indiana
14. Maiden name Rozetta Hufford
15. Birthplace unknown, Iowa

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

16. (a) Informant William Montgomery (bro.)
(b) Address Blackwater, Mo.
17. (a) Burial (b) Date thereof 11/28/46
(c) Place: burial or cremation Salt Fork Cemetery

While at work? _____ (Specify type of place)
(c) Means of injury _____
23. Signature A. B. Clark (M. D. or other) _____
Address Blackwater Mo. Date signed 11-27-46

18. (a) Signature of funeral director Marion Ewing
(b) Address Sedalia, Mo.
19. (a) 11-27-46 (b) D. S. Hooper
(Date received local registrar) (Registrar's signature)

23. Signature _____ (M. D. or other) _____
Address _____ Date signed _____

38 (Licensed Embalmer's Statement on Reverse Side)

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

33330

RECEIVED

District Health Officer No. 8.

District File Number.....

Date Filed 12-11-46

[Handwritten signature]

30-40

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 *Quane Ewing*

Licensed Embalmer No. *38417*

P. O. Address *Seal...*

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.