

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 19 1946
128

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36720**
Registrar's No. _____

Registration District No. _____ Primary Registration District No. **5463**

1. PLACE OF DEATH:
(a) County **GREENE**
(b) City or town **Rural 2nd Jackson Twp.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Strafford R.F.D. # 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **59 Years**
In this community **59 Years**
years, months or days (Specify whether)

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

3. (a) PRINT FULL NAME **LORENE L. MONTGOMERY**
3. (b) If veteran, name war **None**
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **November** day **1st**
year **1946** hour **9:40 P.M.** minute _____ M. _____
21. I hereby certify that I attended the deceased from **Nov. 1, 1946**, to **Nov. 1, 1946**
that I last saw her alive on **Nov. 1, 1946**
and that death occurred on the date and hour stated above.

4. Sex **Female** / 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Joseph Z. Montgomery**
6. (c) Age of husband or wife if alive **56** years
7. Birth date of deceased **March 8, 1887**
(Month) (Day) (Year)

Immediate cause of death
Chronic Bronchial Asthma
Due to _____ years
Due to **Return this to Funeral Home**
Other conditions (Include pregnancy within 3 months of death) **fluencia**

8. AGE: Years Months Days If less than one day
59 **7** **23** hr. _____ min. _____

PHYSICIAN
Major findings:
Of operations _____
Of autopsy **112**
Underline the cause to which death should be charged statistically.

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

10. Usual occupation **House wife**

11. Industry or business **House wife**

12. Name **James Hogue**

13. Birthplace **no record** **no record**
(City, town, or county) (State or foreign country)

14. Maiden name **Sarah Krieger**

15. Birthplace **no record** **no record**
(City, town, or county) (State or foreign country)

Informant **Joseph Z. Montgomery**

Address **R.F.D. # 2, Strafford, Mo.**

(a) Place: burial or cremation **Funeral** (b) Date thereof **NOV. 3, 1946**
(City, town, or county) (Month) (Day) (Year)

(c) Place: burial or cremation **Bellview Cemetery**

18. (a) Signature of funeral director **Fred C. Thieme**
(b) Address **Springfield, Mo.**

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? _____

19. (a) **Nov. 6, 1946** (Date received local registrar)
(b) **Mrs. Porter O'Well** (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury _____
23. Signature **Dr. A. T. ...** (M. D. or other) **MD.**
Address **Strafford Mo.** Date signed **11/5/46**

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

RECEIVED

Greene County Health Office,

County File Number 46-11-119

Date Filed 11-16-46

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 Ralph H. Thieme

Licensed Embalmer No. 3681

P. O. Address Springfield,

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.