

Registration District No. 66

Primary Registration District No. 5256

Registrar's No. _____

1. PLACE OF DEATH

(a) County Chariton
(b) City or town Sumner Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Birmingham Towns
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 4 3 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Chariton
(c) City or town Sumner Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Birmingham Towns
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAMES SIRRIELLA MONTGOMERY

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race B 6. (a) Single, widowed, married, divorced M!
6. (b) Name of husband or wife James Montgomery 6. (c) Age of husband or wife if alive 77 years
7. Birth date of deceased Nov 25 - 1870
(Month) (Day) (Year)

8. AGE: Years 73 Months 4 Days 14 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

MOTHER FATHER

11. Industry or business _____
12. Name James E. Parker
13. Birthplace Watertown N.Y.
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Brinkman
15. Birthplace Watertown N.Y.
(City, town, or county) (State or foreign country)

16. (a) Informant J.M. Montgomery
(b) Address Sumner Mo

17. (a) Burial (b) Date thereof April-12-1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Laclede, Mo.

18. (a) Signature of funeral director Bill Funeral Home
(b) Address Brookfield Mo.

19. (a) Apr 11 47 (b) Martha Clark
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9
year 1947 hour 3 minute 58 P.M.

21. I hereby certify that I attended the deceased from April 15 - 1947 to April 9, 1947
that I last saw her alive on April 9, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Cardiac Disturbance Duration 14 day
Due to Chronic Myocarditis 8 yrs.

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

Major findings:
Of operations _____
Of autopsy M.D.

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) Means of injury _____

23. Signature Ray R. Haley (M. D. or other) M.D.
Address Brookfield Mo Date signed 4/10/47

RECEIVED

District Health Officer No. 8,

District File Number

5-10-47

Date Filed

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

J. R. Blacklock

Licensed Embalmer No.

2246

P. O. Address

Brookfield, 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.