. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 3 1947

Registration District No. 149

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 21090

Registrar's No. 2739

1. PLACE OF DEATH:

(a) County: Jackson

(b) City or town: Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1422 Madison
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: none (Specify whether
In this community: 25 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson 48

(c) City or town: Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No.: 1422 Madison 8
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country:

3. (a) PRINT FULL NAME: Marcia A. MONTGOMERY

3. (b) If veteran, name war: no

3. (c) Social Security No.: none

4. Sex: female

5. Color or race: white

6. (a) Single, widowed, married, divorced: widowed 2

6. (b) Name of husband or wife: Albert E. Montgomery

6. (c) Age of husband or wife if alive: years

7. Birth date of deceased: July (Month) 14, (Day) 1880 (Year)

8. AGE:

Years	Months	Days	If less than one day
66	11	8	hr. min.

9. Birthplace: Boone, (City, town, or county) Iowa (State or foreign country)

10. Usual occupation: At home

11. Industry or business: At home

FATHER
12. Name: William Ross
13. Birthplace: Unknown (City, town, or county) Iowa (State or foreign country) 9

MOTHER
14. Maiden name: Adaline Sweet
15. Birthplace: Unknown (City, town, or county) Iowa (State or foreign country) 1

16. (a) Informant: Paul R. Montgomery
(b) Address: 105 W. 39th St., K.C., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6-25-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Green Lawn Cemetery

18. (a) Signature of funeral director: Mellody-McGilley-Eylar
(b) Address: Kansas City, Missouri

19. (a) 6-26-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 22
year 1947 hour 8 minute 30A. M.

21. I hereby certify that I attended the deceased from Coronary, 19..., to ..., 19...;
that I last saw h... alive on ..., 19...;
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Insufficiency

Due to: Arterio sclerosis

Due to:

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

95C

Major findings:
Of operations:

Of autopsy: no
Hesling & Inspection

Duration

PHYSICIAN

Underline the cause of 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: 3

23. Signature: James C. Walker (M. D. ~~or other~~ Coron.)

Address: 1424 Pry Bldg Date signed: 6-25-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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.....

P. O. Address.....

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.