

No. 2
-12-45
-17-39
X47070

FILED NOV 18 1947

State File No. _____

Registration District No. _____

Primary Registration District No. 4107

Registrar's No. 49

1. PLACE OF DEATH:

(a) County COUAR

(b) City or town EL DORADO SPRINGS, MO
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
CHAMBER NURSING HOME
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 DAYS
(Specify whether in this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cedar 20

(c) City or town El Dorado Springs, Mo
(If outside city or town limits, write "RURAL")

(d) Street No. 111 W JOE DAVIS ST
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME DR. J. W. MONTGOMERY

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV day 1
year 1947 hour 11:00 minute _____ A.M.

21. I hereby certify that I attended the deceased from Oct 28 1947 to Nov 1 1947
that I last saw him alive on Oct 31 1947
and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race WHITE

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased JULY 25 1873
(Month) (Day) (Year)

Immediate cause of death Cerebral Hemorrhage

Duration _____

8. AGE: Years 74 Months 3 Days 6 If less than one day _____ hr. _____ min.

Due to _____

Due to _____

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

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

10. Usual occupation DENTIST

11. Industry or business SELF

12. Name DR. J. W. MONTGOMERY

13. Birthplace El Dorado Springs, Mo
(City, town, or county) (State or foreign country)

14. Maiden name WILLIAM

15. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Buddy Preston

(b) Address El Dorado Springs, Mo

17. (a) BURIAL (b) Date thereof 10-3-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation El Dorado Springs, Mo

18. (a) Signature of funeral director Charles

(b) Address El Dorado Springs, Mo

19. (a) Nov 3 47 (b) J. W. Preston
(Date received local registrar) (Registrar's signature)

Major findings: _____

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) _____

(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) (c) Means of injury _____

23. Signature J. W. Dawson (M. D. or other) _____
Address El Dorado Springs Date signed 11-3-47

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

RECEIVED
District Health Officer No. 7,
District File Number 10-47-1375
Date Filed 11-17-47

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

Floyd E. Carothers

Licensed Embalmer No.

4419

P. O. Address

Old Road Spring

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.