

FILED FEB 3 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1233

Registrar's No. 253

Registration District No. 1499

Primary Registration District No. 1402

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of town)
(c) Name of hospital or institution: 1301 Harrison
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution About 25 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson
(c) City or town 1301 Harrison
(If outside city or town limits, write "RURAL")
(d) Street No. 118 - no.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Spencer Montague

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex male Color or race Negro 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Mary Montague 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased July 4 1899
(Month) (Day) (Year)

8. AGE: Years 48 Months 6 Days 13 If less than one day hr. min.

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

10. Usual occupation Packing house employee
Business for self

11. Industry or business

12. Name Spencer Montague

13. Birthplace Tennessee
(City, town, or county) (State or foreign country)

14. Maiden name Allen Murphy

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

16. (a) Informant Mary Montague

(b) Address 1301 Harrison

17. (a) Burial (b) Date thereof Jan. 24 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Calvary Cemetery, C. St.

18. (a) Signature of funeral director Farrid A. Murphy

(b) Address 1208 E. 19th St.

19. (a) 1-19-48 (b) Steraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan, day 17, year 1948, hour 1 minute 40 A.M.

21. I hereby certify that I attended the deceased from Aug 10 1948 to 1-17-48, 1948, that I last saw him alive on 1-16-48, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Due to Pneumonia

Due to Paralysis
Other conditions 83a
(Include pregnancy within 3 months of death)

Major findings: none
Of operations no
Of autopsy no

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

23. Signature [Signature] (M. D. or other) D
Address 2200 E - 98 Date signed 1-18-48

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

MOTHER FATHER

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 Fannie T. Meek

Licensed Embalmer No. 3818

P. O. Address Kansas City 8, 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.