

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Registration District No. **1**

Primary Registration District No. **3000**

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

1. PLACE OF DEATH:

(a) County Adair

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

(c) Name of hospital or institution: 0

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Hospital 3 days
(Specify whether)

In this community all his life
years, months or days

3. (a) PRINT FULL NAME Luther Tolbert Montgomery

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male () Female ()

5. Color or race White

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

6. (b) Name of husband or wife Lora Montgomery

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased April 1870
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>77</u>	<u>10</u>	<u>17</u>	hr. min.

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

10. Usual occupation Retired Farmer

11. Industry or business _____

MOTHER FATHER

12. Name James C. Montgomery

13. Birthplace Scotland Co. Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Alma Holman

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

16. (a) Informant Mrs. Luther Montgomery

(b) Address Memphis, Mo.

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof Feb. 29-48
(Month) (Day) (Year)

(c) Place: burial or cremation Memphis Missouri

18. (a) Signature of funeral director Luther Tolbert Montgomery

(b) Address Memphis Mo.

19. (a) 3-2-48
(Date received local registrar)

(b) Kate Lambert
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Scotland 99

(c) City or town Memphis
(If outside city or town limits, write "RURAL")

(d) Street No. 226 S. Wash.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 27
year 1948 hour 7 minute 10 A.M.

21. I hereby certify that I attended the deceased from Feb. 24
1948 to Feb. 27, 1948;

that I last saw him alive on Feb. 27, 1948;

and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial failure Duration few hours

Due to Coronary infarct from occlusion 3 days

Due to _____

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

Major findings:
Of operations _____

Of autopsy 9412

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 George E. Grim (M. D. or other) MD

Address Fayetteville, Mo. Date signed 3/1/48

REC'D
8
1955

RECEIVED
District Health Officer No. 10
District File Number 3-48-463
MAR 8 1948
Date

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. 4758
P. O. Address.....
Munshi N/A

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.