No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 5 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

4104

State File No.

Registration District No. 43

Primary Registration District No. 3007

Registrar's No. 79

12
7
3

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

1. PLACE OF DEATH:
(a) County Butler
(b) City or town Poplar Bluff
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Poplar Bluff Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 da (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Butler 12
(c) City or town Poplar Bluff 0
(If outside city or town limits, write "RURAL")
(d) Street No. Route 4 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME William Claud Montgomery

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M 0

5. Color or race W

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

6. (b) Name of husband or wife Luella

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased March (Month) 23 (Day) 1879 (Year)

8. AGE: Years 68 Months 10 Days 21 If less than one day hr. min.

9. Birthplace Wayne Co. (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Thomas Montgomery
13. Birthplace Wayne Co. (City, town, or county) Missouri (State or foreign country) 0

MOTHER
14. Maiden name Jursha Hommes
15. Birthplace Wayne Co. (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant Mrs. W. C. Montgomery
(b) Address Poplar Bluff, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/16/48 (Month) (Day) (Year)
(c) Place: burial or cremation Wayne Co. Mo.

18. (a) Signature of funeral director Greer Croy & Fitch
(b) Address Poplar Bluff, Mo.

19. (a) 2-26-48 (Date received local registrar) (b) P. Minnette (Registrar's signature) 35

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 14
year 1948 hour 7 minute 30 A. M.

21. I hereby certify that I attended the deceased from 5 Feb. 1948 19 , to 14 Feb. 1948; that I last saw him alive on 13 Feb. 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Nephritis, Chronic	4 wks.
Due to Hypertension, Arterial	2.2
Due to Myocarditis, Chronic	2.2
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

131B

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 0

23. Signature Hester Harwell (M. D. or other) MD
Address Poplar Bluff, Mo. Date signed 22 Feb. 1948

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2
District File Number 348-299
Date Filed 3-2-48

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 Philip L. Cassedy, Registered Apprentice No. 108, working under my personal supervision.

Signed Wallace N. Fitch

Licensed Embalmer No. 3859

P. O. Address Poplar Bluff, 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.