No. 2
12-45
17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 17 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 7586

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 28

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Nevada (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: At home (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ✓ (Specify whether
In this community ✓ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon 108
(c) City or town Nevada (If outside city or town limits, write "RURAL") 1
(d) Street No. 418 West Walnut (If rural, give location) 2
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country ✓

3. (a) PRINT FULL NAME Minnie Price Montgomery
3. (b) If veteran, name war ✓
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife ✓
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased Jan (Month) 30 (Day) 1865 (Year)

8. AGE: Years 82 Months 11 Days 29 If less than one day ..... hr. ..... min.

9. Birthplace Glasgow (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation Homekeeper
11. Industry or business
FATHER 12. Name Edward L. Price
13. Birthplace (City, town, or county) Missouri (State or foreign country)
MOTHER 14. Maiden name Mary Pearl Morrison
15. Birthplace (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Miss Byrd Price
(b) Address Nevada Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 28 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Newton Burial Park
18. (a) Signature of funeral director Ellen V. Hays
(b) Address Nevada Mo.
19. (a) 2-9-48 (Date received local registrar) (b) Kathryn Yancey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 26th. year 1948 hour 7 minute 40 P.M.
21. I hereby certify that I attended the deceased from Sept. 2, 1947 to 1-26-48, 19..; that I last saw her alive on 1-26-48, 19..; and that death occurred on the date and hour stated above.

Immediate cause of death: acute left ventricular heart failure secondary
Due to: to coronary thrombosis on 9-20-47.
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy 94A

Duration

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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature C. Braxton Ovis (M. D. ~~or other~~)
Address Nevada, Mo. Date signed 2-6-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 1-45-62
Date Filed 1-16-62

APR 12 1987

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 Allen V. Sayre

Licensed Embalmer No. 1968

P. O. Address Nevada 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.