

No. 2  
1/47  
17-39

FILED MAR 20 1948  
Registration District No. 149

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: Lakeside Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Jackson

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

(d) Street No. 6212 E. 35th Terrace  
(If rural, give location)

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

3. (a) PRINT FULL NAME Robert I. Montgomery

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 6 year 1948 hour 6 minute 30 P.M.

4. Sex M 5. Color or race wh

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

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

7. Birth date of deceased mar. 5-48  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from MARCH 5 1948 to MARCH 6 1948, that I last saw h.a.m. alive on MARCH 6 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory Failure

Due to.....	Duration
<u>Pneumonia bronchial</u>	<u>30 min.</u>
<u>Atelectasis</u>	<u>1 day</u>

8. AGE: Years Months Days If less than one day

0 0 1 hr. min.

9. Birthplace K.C. MO (City, town, or county) (State or foreign country)

10. Usual occupation infant

11. Industry or business.....

12. Name B. Eugene Montgomery

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

14. Maiden name Margaret R. Bennett

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

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

Major findings:  
Of operations.....  
Of autopsy..... 107

PHYSICIAN  
Underline the cause of which death should be charged statistically.

16. (a) Informant B. Eugene Montgomery  
(b) Address 6212 E. 35th Terrace

17. (a) burial (b) Date thereof 3-8-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenlawn

18. (a) Signature of funeral director Ed. Walton  
(b) Address K.C. MO

19. (a) 3-6-48 (b) Heraldine Holmes  
(Date received local registrar) (Registrar's signature)

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 2

23. Signature Dr. Carl T. Mauer (M. D. or other) DO  
Address 6425 E. 37th K.C. 3 MO Date signed 3-6-48

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

48  
3  
8  
0

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 \_\_\_\_\_

*not Embalmed*

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed *J. L. Walton* \_\_\_\_\_

Licensed Embalmer No. *2244* \_\_\_\_\_

P. O. Address *N.C. 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.