No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 24 1948

Registration District No. 2226

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4338

State File No. 9489

Registrar's No. 11

1. PLACE OF DEATH:
(a) County Monroe
(b) City or town Monroe City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 500 - 2nd Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community 66 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Monroe
(c) City or town Monroe City, Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 500 - 2nd Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Charles Edward Montgomery
3. (b) If veteran, name war ✓
3. (c) Social Security No. 490-18-5905

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Minnie
6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased August (Month) 29 (Day) 1881 (Year)

8. AGE: Years 66 Months 5 Days 27 If less than one day ..... hr. ..... min.

9. Birthplace Ralls County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Bartender
11. Industry or business Buckmans Tavern
FATHER
12. Name John Henry Montgomery
13. Birthplace Kentucky (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary Elizabeth Pike
15. Birthplace Missouri (City, town, or county) (State or foreign country)
16. (a) Informant Ethel M. Montgomery
(b) Address Brookfield, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 8 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Holy Rosary Monroe City
18. (a) Signature of funeral director Wilson & Son's
(b) Address Monroe City, Mo
19. (a) Mar. 3, 1948 (Date received local registrar) (b) Ellen Little (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feby day 28 year 1948 hour 12 minute 45 P.M.

21. I hereby certify that I attended the deceased from Oct 22, 1944 to Feb 28, 1948; that I last saw him alive on Feb 24, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Occlusion	
Due to: Coronary Thrombosis	3 yrs
Due to:	
Other conditions: Mitral Insufficiency (Include pregnancy within 3 months of death)	3 yrs

Major findings:
Of operations
Of autopsy

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) No
(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? No (Specify type of place)
(e) Means of injury 0

23. Signature John Little (M. D. or other)
Address Monroe City Mo Date signed Mar 2

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 3-48-54
Date Filed MAR 22 1948

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 me

..... Registered Apprentice No.....,

working under my personal supervision.

Signed Leslie L. Wilson

Licensed Embalmer No. 2014

P. O. Address Monroe City, 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.