S. 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 JUL 12 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18908

Registration District No. 39 | Primary Registration District No. 4097 | Registrar's No. 113

19
10

1. PLACE OF DEATH:
(a) County: Cass
(b) City or town: Harrisonville (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Harrisonville Memorial (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 days (Specify whether years, months or days)
In this community 7 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Cass
(c) City or town: Rural, Everett Twp. (If outside city or town limits, write "RURAL")
(d) Street No.: Hwy 6 mi S. of Freeman (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Leo Cloise Montee
3. (b) If veteran, name war: No
3. (c) Social Security No.: None
4. Sex: Mo
5. Color or race: W.
6. (a) Single, widowed, married, divorced: M.
6. (b) Name of husband or wife: Laura VanKuill
6. (c) Age of husband or wife if alive: 65 years
7. Birth date of deceased: Sept (Month) 13 (Day) 1880 (Year)

8. AGE: Years 67 | Months 9 | Days 25 | If less than one day ... hr. ... min.

9. Birthplace: Crawford Co (City, town, or county) Kans (State or foreign country)
10. Usual occupation: Farmer Active
11. Industry or business:
FATHER
12. Name: Cloise Finley Montee
13. Birthplace: McComb Ill. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Mary Ritter
15. Birthplace: Colechester Ill. (City, town, or county) (State or foreign country)
16. (a) Informant: Rosa Everitt
(b) Address: Girard Kansas.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7/8/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Pittsburg Kan.
18. (a) Signature of funeral director: Atkinson Bros
(b) Address: Harrisonville Mo
19. (a) July 8-1948 (Date received local registrar) (b) Laura J. Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8 year 1948 hour 6 minute 45 A. M.

21. I hereby certify that I attended the deceased from JUNE 29 1948 to JULY 8 1948 that I last saw him alive on JULY 8 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chr Interstitial Nephritis	2 or 3 yrs
Arterial Hypertension	3 yrs
Due to: Secondary Anemia	4 mos
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
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)
(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? Means of injury

23. Signature: David Long (M. D. or other)
Address: Harrisonville Mo Date signed 7-8-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

JUN 14 1949

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 Floyd Atkinson

Licensed Embalmer No. 3920

P. O. Address Harrisonville

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.