S. No. 300
M—10-47
v. 5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 12 1948

Registration District No. 949

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 19595

Registrar's No. 2707

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: 1424 Forest Avenue
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no (Specify whether
In this community 16 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 46

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

(d) Street No. 6725 Bellefontaine
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Floyd N. MONTGOMERY

3. (b) If veteran, name war WW-II

3. (c) Social Security No. unknown

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Anna Faye Montgomery

6. (c) Age of husband or wife if alive 22 years

7. Birth date of deceased July (Month) 6 (Day) 1919 (Year)

8. AGE:

Years	Months	Days	If less than one day
28	11	22	hr. min.

9. Birthplace Stuttgart, (City, town, or county) Arkansas (State or foreign country)

10. Usual occupation Policeman

11. Industry or business K. C. Police Department

FATHER
12. Name Carter J. Montgomery
13. Birthplace BeeBranch, (City, town, or county) Arkansas (State or foreign country)

MOTHER
14. Maiden name Faye M. Moore
15. Birthplace Denison, (City, town, or county) Texas (State or foreign country)

16. (a) Informant Mrs. Anna F. Montgomery

(b) Address 6725 Bellefontaine, K.C., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-1-48 (Month) (Day) (Year)

(c) Place: burial or cremation Floral Hills

18. (a) Signature of funeral director Mellody-McGilley-Eylar

(b) Address Kansas City, Missouri

19. (a) 6-29-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28 year 1948 hour 6 minute 45 A.M.

21. I hereby certify that I attended the deceased from Caroner, 19__, to __, 19__; that I last saw h__ alive on __, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Gun shot wound of chest + abdomen	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 166	

Major findings:
Of operations

Of autopsy no
History + Injection

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) Homicide

(b) Date of occurrence 6-28-48

(c) Where did injury occur? KC Jackson mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? public place (Specify type of place)

While at work? yes (e) Means of injury shotgun

23. Signature [signature] (M. D. or other) Coun

Address 1424 [illegible] Date signed 6-28-48

(Licensed Embalmer's Statement on Reverse Side)

AUG 24 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.....

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

working under my personal supervision.

Signed Glen E. Heck

Licensed Embalmer No.....

P. O. Address.....

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.