No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30505

FILED OCT 14 1948

Registration District No. 247 Primary Registration District No. 4368 Registrar's No. 43

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

1. PLACE OF DEATH:
(a) County Newton
(b) City or town Wentworth
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3
(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 Mo (b) County Barry 5
(c) City or town Pulaskifield 3
(If outside city or town limits, write "RURAL")
(d) Street No. 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME CARL MONTGOMERY
3. (b) If veteran, name war World War II
3. (c) Social Security No.

4. Sex M O
5. Color or race W
6. (a) Single, widowed, married, divorced S U
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June (Month) 6 (Day) 1928 (Year)

8. AGE: Years 20 Months 3 Days 27 If less than one day hr. min.

9. Birthplace Pulaskifield (City, town, or county) Mo. (State or foreign country) D
10. Usual occupation farmer
11. Industry or business
FATHER
12. Name John Montgomery
13. Birthplace Barry (City, town, or county) Missouri (State or foreign country) C
MOTHER
14. Maiden name Anna McGinnis
15. Birthplace Barry (City, town, or county) Missouri (State or foreign country) D
16. (a) Informant Gene Montgomery
(b) Address Monett, Mo. RR #2
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 6, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Pierce City Cemetery
18. (a) Signature of funeral director William J. Wessell
(b) Address Pierce City Mo
19. (a) 10-9-48 (Date received local registrar) (b) M. L. Young (Registrar's signature) 225

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 3
year 1948 hour about 8 minute a. M.
21. I hereby certify that I attended the deceased from
19 to 19
that I last saw him ~~alive~~ dead on Oct 3 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Shock
Due to Internal Injuries
Due to auto accident
Other conditions (Include pregnancy within 3 months of death) 1706.8
Major findings: Of operations 28
Of autopsy

Duration

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) Accident 73
(b) Date of occurrence Oct 3 1948
(c) Where did injury occur? Wentworth (City or town) Newton (County) Mo. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? State Highway #37 (Specify type of place) 2
While at work? no (e) Means of injury auto Accident
23. Signature Corley Thompson Coroner (M. D. or other)
Address Neosho Mo Date signed 10/3/48

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

Ran off Roadway

RECEIVED

Newton C. Health Unit

District Health Officer No. ____

District File Number 1048-393

Date Filed 10-13-48

JAN 28 1949

DEC 11 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 Charles E. Schroeder, Registered Apprentice No. 227, working under my personal supervision.

Signed R. Gordon Bennett

Licensed Embalmer No. 4213

P. O. Address Monett 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.