

No. 2
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THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31686

State File No. _____

FILED OCT 8 1948

Registration District No. 324

Primary Registration District No. 7072

Registrar's No. 208

1. PLACE OF DEATH:

(a) County Saline
(b) City or town Marshall, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Fitzgibbons Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution One Day
(Specify whether
in this community 45 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline
(c) City or town Shackelford
(If outside city or town limits, write "RURAL")
(d) Street No. Rural
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME George Montgomery

3. (b) If veteran, name war # 3. (c) Social Security No. #

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Eva McKelvy Montgomery 6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased March 16 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 6 5 hr. min.

9. Birthplace Belmont Co. Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer.

11. Industry or business !! !!

12. Name Robert Montgomery

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

14. Maiden name Mary Elizabeth McNabb

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

16. (a) Informant Mrs. George Montgomery

(b) Address Shackelford, Mo.

17. (a) Burial (b) Date thereof 9/24/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Memorial Gardens

18. (a) Signature of funeral director J. Leslie Surmery
(b) Address 2401 S. Olive St. Marshall, Mo.

19. (a) Sept 23-1948 (b) Richard Gray
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September Day 21
year 1948 hour 3:55 Minute p M.
21. I hereby certify that I attended the deceased from 20 Sept, 1948, to 21 Sept, 1948
that I last saw him alive on 21 Sept, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Arrest
Due to Coronary occlusion

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations A. J. W.
Of autopsy

Duration
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)
(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?

23. Signature R. P. Hinton (M. D. or other) med
Address Marshall Mo Date signed 9-22-48

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

MOTHER FATHER

RECEIVED
District Health Officer No. 8,
District File Number _____
Date Filed 10-7-48

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 J. Leslie Surrency
Licensed Embalmer No. 3225
P. O. Address Marshall, W. Va.

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.