

FILED FEB 14 1949

STANDARD CERTIFICATE OF DEATH

State File No. 1581

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 46

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE MISSOURI b. COUNTY JASPER	
b. CITY (If outside corporate limits, write RURAL and give township) JOPLIN		c. CITY (If outside corporate limits, write RURAL and give township) JOPLIN	
c. LENGTH OF STAY (In this place) 20 yrs		d. STREET ADDRESS (If rural, give location) 813 KENTUCKY	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST JOHN'S			

3. NAME OF DECEASED (Type or Print) a. (First) GEORGE b. (Middle) WASHINGTON c. (Last) MONTROY			4. DATE OF DEATH (Month) (Day) (Year) 2 1 49			
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 8-11-1882	9. AGE (In years last birthday) 66	10. IF UNDER 1 YEAR Months 5	11. IF UNDER 48 HRS. Days 20
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stationary Engineer		10b. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (State or foreign country) Blair, Illinois /		12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME JOHN MONTROY	13b. MOTHER'S MAIDEN NAME CHRISTINE WOLFORD	14. NAME OF HUSBAND OR WIFE LENA MONTROY
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown	16. SOCIAL SECURITY NO. 491-01-3722	17. INFORMANT'S SIGNATURE OR NAME LENA MONTROY	ADDRESS 813 KENTUCKY, JOPLIN, MO
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Mitral heart disease		INTERVAL BETWEEN ONSET AND DEATH Unknown
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-28, 1949 to 2-1, 1949 that I last saw the deceased alive on 1-31, 1949, and that death occurred at 12:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE E.H. Hamilton, M.D.	(Degree or title) M.D.	23b. ADDRESS Joplin, Missouri	23c. DATE SIGNED 2-3-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2-4-49	24c. NAME OF CEMETERY OR CREMATORY Osborne	24d. LOCATION (City, town, or county) (State) Joplin, Missouri
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DATE REC'D BY LOCAL REG 2-5-49	REGISTRAR'S SIGNATURE Edw. James	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS PARKER-HUNSAKER MORTUARY, JOPLIN, MO
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed F. M. Jones.....

Licensed Embalmer No. 2319.....

P. O. Address Joplin 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.