

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16040**

FILED JUN 10 1949

Registrar's No. **2176**

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>2176</u>		
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived: If institution, residence before admission) a. STATE Missouri b. COUNTY Jackson				
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Kansas City)		c. LENGTH OF STAY (in this place) 15 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		7		
d. FULL NAME OF HOSPITAL OR INSTITUTION K.C. Osteopathic Hospital				d. STREET ADDRESS (If rural, give location) 441 North Denver				
3. NAME OF DECEASED (Type or Print) a. (First) Minnie			b. (Middle) Montgomery		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) May 17, 1949	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED, Married (Specify)		8. DATE OF BIRTH Oct. 30, 1880		
9. AGE (In years last birthday) 68		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 12 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Joseph J. Hooker			13b. MOTHER'S MAIDEN NAME Mary Thomas		14. NAME OF HUSBAND OR WIFE Samuel B. Montgomery			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS J.V. Montgomery, Independence, Mo.				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES Morbidity 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. 4201					INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 <u>Dec. 1944</u> to <u>May 17, 1949</u> , that I last saw the deceased alive on <u>May 17, 1949</u> , and that death occurred at <u>6:09 p.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE Ralph H. Miller D.O. (Degree or title)				23b. ADDRESS 4201 1/2 E 22nd		23c. DATE SIGNED 5/17/49		
24a. BURIAL CREMATION, REMOVAL (Specify) burial		24b. DATE 5-19-49		24c. NAME OF CEMETERY OR CREMATORY Floral Hills		24d. LOCATION (City, town, or county) (State) Kansas City, Mo.		
DATE REC'D BY LOCAL REG. 5-18-49		REGISTRAR'S SIGNATURE Sheraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Freeman Mortuary, Kansas City, Mo.				

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Miller

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.

Signed *J. H. Freeman*

Signed _____
Student Embalmer

Licensed Embalmer No. *2939*

P. O. Address *F. O. 240*

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.