

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

FILED JUN 29 1951
 BIRTH NO. _____ REG. DIST. NO. **333** PRIMARY REG. DIST. NO. **3074** Registrar's No. **97**

1. PLACE OF DEATH a. COUNTY Scott		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY Scott	
b. CITY (If outside corporate limits, write RURAL and give township) SIKESTON		c. CITY (If outside corporate limits, write RURAL and give township) SIKESTON	
c. LENGTH OF STAY (in this place) 70 yrs		d. STREET ADDRESS (If rural, give location) 315 Harris St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION HOMIE 315 Harris			

3. NAME OF DECEASED (Type or Print) a. (First) VANCE b. (Middle) MARION c. (Last) MONTGOMERY		4. DATE OF DEATH (Month) (Day) (Year) 6-4-1951	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MARCH-11-1885
9. AGE (In years last birthday) 66		10. MONTHS 2	11. DAYS 23
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) REAL ESTATE		10b. KIND OF BUSINESS OR INDUSTRY REAL ESTATE	
11. BIRTHPLACE (State or foreign country) Kershoff - So. Carolina		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Presley Montgomery	13b. MOTHER'S MAIDEN NAME MARY FLOYD	14. NAME OF HUSBAND OR WIFE MAUD
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. _____
17. INFORMANT'S SIGNATURE OR NAME Mrs Maud Montgomery		ADDRESS Sikeston Mo

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 20 minutes
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis, cerebral		DUE TO (b) _____		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		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 331x	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) (Minute)	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 **6-4-1951**, to **6-4-51**, 19____, that I last saw the deceased alive on **6-4-51**, 19____, and that death occurred at **2:20** p.m., from the causes and on the date stated above.

23a. SIGNATURE A. W. Hunter	(Degree or title) MD	23b. ADDRESS Sikeston Mo	23c. DATE SIGNED 6-25-51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6/29/51	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	24d. LOCATION (City, town, or county) (State) Sikeston Mo
DATE REC'D BY LOCAL REG. June 25 51	REGISTRAR'S SIGNATURE Mrs. Olla Hunter	429	25. FUNERAL DIRECTOR'S SIGNATURE Welsh Funeral Home
		ADDRESS Sikeston Mo	

JUL 3 1 1952

OCT 14 1953

JUN 30 1951

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 Raymond J. Crews

Licensed Embalmer No. 3467

P. O. Address Winston N.C.

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.