No. 2
1-10-39
17-39
X21492

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

FILED SEP 24 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29163

Registration District No. 592 Primary Registration District No. 4350 Registrar's No. 23

1. PLACE OF DEATH:

(a) County 2

(b) City or town Montgomery City, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: North 6th Street.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County MONTGOMERY

(c) City or town Montgomery City
(If outside city or town limits, write "RURAL")

(d) Street No. North 6th St.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

8. (a) PRINT FULL NAME Mattie Morton 635

3. (b) If veteran, name war ..... 8. (c) Social Security No. .....

4. Sex Female 5. Color or race Col. 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife ..... 6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased July (Month) 6 (Day) 1855 (Year)

8. AGE: Years	Months	Days	If less than one day
85	1	2	..... hr. ..... min.

9. Birthplace Unknown (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation None

11. Industry or business None

FATHER
12. Name Tom Goodrich
13. Birthplace Unknown (City, town, or county) Mo. (State or foreign country) 0

MOTHER
14. Maiden name Ann Myers
15. Birthplace Unknown (City, town, or county) Mo. (State or foreign country) 0

16. (a) Informant Earl H. Smith
(b) Address No 6th St Montgomery, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8 11 40 (Month) (Day) (Year)
(c) Place: burial or cremation Honewell Cemetery

18. (a) Signature of funeral director Bessie Lowe
(b) Address 3103 Washington Blvd.

19. (a) August 10, 40 (Date received local registrar) (b) Bruce Murphy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 8 year 1940 hour 7 minute 20 P.M.

21. I hereby certify that I attended the deceased from Aug 3, 1940 to Aug 8, 1940 that I last saw her alive on Aug 3, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bronchial pneumonia	5 days
Due to Cerebral Hemorrhage	8 days
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy None

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? — (Specify type of place)
While at work? — (e) Means of injury —

23. Signature James O. Helm (M. D. or other)
Address New Florence Mo. Date signed 8/10/40

(Licensed Embalmer's Statement on Reverse Side)

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 Melvin Blackburn

Licensed Embalmer No. 3962

P. O. Address 3103 Washing

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.