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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 15 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9627

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 1036

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

1. PLACE OF DEATH:

(a) County Jackson,

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

(c) Name of hospital or institution: The George H. Nettleton Home,
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 1 year, (Specify whether
In this community 1 year,
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Jackson,

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

(d) Street No. The George H. Nettleton Home,
(If rural, give location)

(e) If foreign born, how long in U. S. A.? No. 0 years.

3. (a) PRINT FULL NAME Mrs. Ella Starr Montgomery,

3. (b) If veteran, name war no.

3. (c) Social Security No. no.

4. Sex Female /

5. Color or race White

6. (a) Single, widowed, married, divorced 2 Widowed,

6. (b) Name of husband or wife James A. Montgomery,

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

7. Birth date of deceased May (Month) 15th, (Day) 1859 (Year)

8. AGE: Years	Months	Days	If less than one day
81	9	27	hr. min.

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

10. Usual occupation at home,

11. Industry or business x

FATHER
12. Name Franklin Starr,
13. Birthplace (City, town, or county) Conn. / (State or foreign country)

MOTHER
14. Maiden name Louisa Douglas,
15. Birthplace (City, town, or county) New York, / (State or foreign country)

16. (a) Informant Mrs. Payton Montgomery,
(b) Address 4128 Warwick Blvd., K. C., Mo.

17. (a) Burial, (Burial, cremation, or removal) (b) Date thereof 3-13-41. (Month) (Day) (Year)
(c) Place: burial or cremation Elmwood Cemetery,

18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 3/12/41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11th, year 1941 hour 8:15 minute A. M.

21. I hereby certify that I attended the deceased from Feb 10, 1941, to March 11, 1941; that I last saw her alive on March 10, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic Pneumonia — Duration 5 days

Due to Intra capsular fracture left femur Feb 10-41 — 1 mo.

Due to

Other conditions Aneurism of Abdominal aorta above bifurcation.
(Include pregnancy within 3 months of death)

Major findings
Of operations Calculus in right kidney ulcer in bladder.
Of autopsy the above autopsy findings

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) accidental fall in her room
(b) Date of occurrence February 10 1941
(c) Where did injury occur? in her room (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? in home Geo H. Nettleton home 5125 Swope parkway (Specify type of place)
While at work? No (e) Means of injury

23. Signature John G. Lapp (M. D. or other) M.D.
Address 1314 Professional Bldg Date signed 3/12/41

(Licensed Embalmer's Statement on Reverse Side)

Dr. Lapp
Proff Body 11 A.M.

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 Phillis H. Bennett, Registered Apprentice No. 282 working under my personal supervision.

Signed S. Allen

Licensed Embalmer No. 1415

P. O. Address K. C. Mo

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

If this body is not embalmed, fact should be so stated above.