

FILED SEP 11 1941

Registration District No. **838**

Primary Registration District No. **4509**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Stoddard**
 (b) City or town **Dexter**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: _____
(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 **Life**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Stoddard**
 (c) City or town **Dexter**
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? **0** (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **19**
 year **1941** hour **6** minute **X** A. M.

21. I hereby certify that I attended the deceased from **Aug. 18 - 1941** to **Aug. 19 1941**
 that I last saw him alive on **Aug 18 1941**
 and that death occurred on the date and hour stated above.

Immediate cause of death: **Acute Cholelithiasis**
(Biliary fever)
 Duration: _____
 Due to: _____
 Due to: _____
 Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: _____
 Of operations: _____
 Of autopsy: **no**
PHYSICIAN
 Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME **David Jean Montgomery**

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

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**

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

7. Birth date of deceased **May 22, 1941**
(Month) (Day) (Year)

8. AGE: Years **X** Months **2** Days **17** If less than one day _____ hr. _____ min.

9. Birthplace **Poplar Bluff Mo. 0**
(City, town, or county) (State or foreign country)

10. Usual occupation **Infant**

11. Industry or business _____

MOTHER FATHER { 12. Name **John S. Montgomery**

13. Birthplace _____ **Mo. 0**
(City, town, or county) (State or foreign country)

14. Maiden name **Charity Keefer**

15. Birthplace **Bernie Mo. 0**
(City, town, or county) (State or foreign country)

16. (a) Informant **John S. Montgomery**

(b) Address **Dexter, Mo.**

17. (a) **Burial** (b) Date thereof **8-20-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bernie Cemetery Blankenship-Strickland**

18. (a) Signature of funeral director _____
 (b) Address **Dexter, Mo.**

19. (a) **9. 6. 1941** (b) **Jennie Benton**
(Date received local registrar) (Registrar's signature)

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 **S. J. Hawn** (M. D. or other) _____
 Address **Dexter Mo** Date signed **Aug 19 1941**

783 (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Office No. 2,

District File Number 941-1253

Date Filed 9/8/41

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.....

Licensed Embalmer No.....

P. O. Address.....

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.