

DEC 26 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42296

Registration District No. 448

Primary Registration District No. 3608

Registrar's No.

1. PLACE OF DEATH:

- (a) County Laclede
- (b) City or town Conway mo Rural Union Jwa
(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)

In this community _____ years, months or days)

3. (a) PRINT FULL NAME MARGRET SUSAN MONTGOMERY

3. (b) If veteran, name war V 3. (c) Social Security No. none

4. Sex female 5. Color or race white 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 Nov 19 1853
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>87</u>	<u>11</u>	<u>21</u>	hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Cappie Stokes

13. Birthplace Davis Knott 9 (City, town, or county) (State or foreign country)

14. Maiden name Mary Perry

15. Birthplace Davis Knott 9 (City, town, or county) (State or foreign country)

16. (a) Informant Claud Montgomery

(b) Address Conway mo

17. (a) burial (b) Date thereof Nov 12 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Phillipsburg mo

18. (a) Signature of funeral director W. E. Holman

(b) Address Lebanon mo

19. (a) 12-18-41 (b) Grace Price
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Laclede 3-2
- (c) City or town Conway mo Rural (If outside city or town limits, write "RURAL")
- (d) Street No. _____ (If rural, give location)
- (e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 11 year 1941 hour 11 minute 30 A.M.

21. I hereby certify that I attended the deceased from Nov 2-4, 1941, to 11-11, 1941; that I last saw her alive on 11-8, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis
Due to Fever

Due to _____

Other conditions (Include pregnancy within 3 months of death) 330

Major findings: Of operations _____

Of autopsy _____

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? _____

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

23. Signature J. P. Hurd (M. D. or other) MD
Address Conway Date signed 12-18-41

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

3000

407

RECEIVED

~~District Health Officer No.
District File Number
Date Filed~~

RECEIVED

District Health Officer No.
District File Number 12-41-17 ..
Date Filed 12-23-41 ..

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 Dorsey M. Howe ..
Licensed Embalmer No. 4222 ..
P. O. Address Lebanon, Md. ..

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.