

FILED APR 25 1942
Registration District No. **279**

Primary Registration District No. **1002**

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: Research Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 1/2 Hours
(Specify whether)
 In this community 30 Years
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson **048**
 (c) City or town Kansas City
(If outside city or town limits, write "RURAL")
 (d) Street No. 5336 Charlotte Street
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country --

3. (a) PRINT FULL NAME Mr. John Nelson Monteith
 3. (b) If veteran, name war World War Veteran
 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month April day 13th
 year 1942 hour 1 minute 40 A. M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Mrs. Anne Monteith 6. (c) Age of husband or wife if alive 31 years
 7. Birth date of deceased December 10 1896
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 13 Apr - 13 Apr 1942
 to 13 Apr - 13 Apr 1942
 that I last saw him alive on 13 Apr 1942
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>45</u>	<u>4</u>	<u>3</u>	hr. min.

Immediate cause of death Cerebral Hemorrhage
 Due to Hypertensiv
 Due to 83a
 Other conditions 83a
(Include pregnancy within 3 months of death)

9. Birthplace New Castle Pennsylvania
(City, town, or county) (State or foreign country)
 10. Usual occupation Attorney-Chief Trial
 11. Industry or business O.P.A. Fidelity Bldg.
 12. Name James H. Monteith
 13. Birthplace Statford, Ontario Canada
(City, town, or county) (State or foreign country)
 14. Maiden name Agnes H. Riedy
 15. Birthplace Lehigh County Pennsylvania
(City, town, or county) (State or foreign country)
 16. (a) Informant Mrs. John N. Monteith
 (b) Address 5336 Charlotte
 17. (a) Burial (b) Date thereof Apr. 15, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Mt. Moriah Cemetery
 18. (a) Signature of funeral director O. H. Newcomer's sons
 (b) Address 1401 Brush Creek Blvd.
 19. (a) 4-15-42 (b) M. M. Crowe
(Date received local Registrar) (Registrar's signature)

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?
(Specify type of place)
 While at work _____ (e) Means of injury _____
 23. Signature M. M. Crowe (M. D. or other) M.D.
 Address 1103 Grand Date signed 14 Apr 1942

