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10862

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 24 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.
Registrar's No.

Registration District No. 328
Primary Registration District No. 3017

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

1. PLACE OF DEATH:
(a) County Grundy
(b) City or town Trenton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1638 Mabel St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether
In this community 52 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Grundy 040 1 2
(c) City or town Trenton
(If outside city or town limits, write "RURAL")
(d) Street No. 1638 Mabel St
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME Addison David Montgomery
3. (b) If veteran, name war —
3. (c) Social Security No. None

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mae Montgomery
6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased Sept (Month) 5 (Day) 1872 (Year)

8. AGE: Years 69 Months 6 Days 16 If less than one day hr. min.

9. Birthplace Daviess County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Painter
11. Industry or business Painting
FATHER
12. Name Thomas Montgomery
13. Birthplace Wheeling (City, town, or county) West Virginia (State or foreign country)
MOTHER
14. Maiden name Nancy M Pope
15. Birthplace Blue Mound (City, town, or county) Ill (State or foreign country)
16. (a) Informant Mrs A. D. Montgomery
(b) Address Trenton Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 3-23-42 (Month) (Day) (Year)
(c) Place: burial or cremation Masonic Cemetery, Trenton Mo
18. (a) Signature of funeral director Davis Funeral Home
(b) Address Trenton Mo
19. (a) 3-23-42 (Date received local registrar) (b) Nada W Hoffman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 21 m year 1942 hour 5:05 minute P M.
21. I hereby certify that I attended the deceased from March 21, 1942, to March 21, 1942, that I last saw him alive on March 21, 1942, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Apoplexy	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 83a	
Of autopsy	

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 C H Cullen (M. D. or other) MD
Address Trenton Mo Date signed 3-23-42

1202

(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 Myself, Registered Apprentice No. ....., working under my personal supervision.

Signed Robert B. Davis

Licensed Embalmer No. 4219

P. O. Address Trenton, Mo.

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.