

FILED MAY 20 1942

Registration District No. _____

Primary Registration District No. 3026-5-11-5

Registrar's No. 37

1. PLACE OF DEATH: Boone

(a) County Boone

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

(c) Name of hospital or institution: Contralescent Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community unknown
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone

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

(d) Street No. 307 Locust St.
(If rural, give location) 0

(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME AMELIA MONTGOMERY

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

4. Sex Female 5. Color or race negro 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Eugene Montgomery 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased: unknown
(Month) (Day) (Year)

8. AGE: Years about 70 Months _____ Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation: Housewife

11. Industry or business _____

12. Name unknown

13. Birthplace: _____
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace: _____
(City, town, or county) (State or foreign country)

16. (a) Informant Eugene Montgomery

(b) Address Columbia Missouri

17. (a) Burial (b) Date thereof 4 6 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation balcony cemetery

18. (a) Signature of funeral director Stuart P. Parker

(b) Address Columbia Missouri

19. (a) 4-6-42 (b) Edna H. Barber
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2nd
year 1942 hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from March 28
1942 to April 2, 1942
that I last saw her alive on March 28, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral hemorrhage

Due to: arterio sclerosis

Due to: _____

Other conditions: none
(Include pregnancy within 3 months of death)

Major findings: no op

Of operations: _____

Of autopsy: none

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 W. G. Schmidt (M. D. or other) _____
Address Columbia Date signed 4-6-42

Duration 8 day

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

120 Y

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.....

.....
working under my personal supervision.

.....
Registered Apprentice No.

Signed

Stuart P. Parker

.....
Licensed Embalmer No. *2900*

.....
P. O. Address *Columbia 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, above space should be left blank.