

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED OCT 19 1942

Registration District No. 273

Primary Registration District No. 5917

Registrar's No. 64

1. PLACE OF DEATH:

(a) County Perry

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

(c) Name of hospital or institution St. Ann's. Twp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 (Specify whether years, months or days) 0

In this community 83-4-7

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Perry

(c) City or town Yount Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Elezabeth Montgomery

3. (b) If veteran, name war

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 John Montgomery 6. (c) Age of husband or wife if alive 26 years (Day) (Year) 1859

7. Birth date of deceased May (Month) 26 (Day) 1859 (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>83</u>	<u>4</u>	<u>7</u>	hr. min.

9. Birthplace Perry Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business

MOTHER FATHER { 12. Name John Womach

13. Birthplace Dont Know 9
(City, town, or county) (State or foreign country)

14. Maiden name Abshier 9

15. Birthplace Dont Know 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. H.N. Bess

(b) Address Yount Mo.

17. (a) Burial (b) Date thereof 10-5-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Yount Mo.

18. (a) Signature of funeral director Young & Sons

(b) Address Perryville

19. (a) 10-5-42 (b) O. J. Brenner
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 3
year 1942 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from Sept 28 1942
1942 to Oct 3 1942, 19...
that I last saw her alive on Sept 28 1942, 19...
and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic pneumonia

Due to Fracture of neck of right femur

Due to 186 a
18

Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: Of operations

Of autopsy

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) Fall from bed to floor

(b) Date of occurrence Sept 28 1942 9:19

(c) Where did injury occur? at Yount Perry Mo
(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) (g) Means of injury 0

23. Signature Frank Bailey (M. D. or other) 10-5-1942
Address Perryville Date signed 10-5-1942

79000
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1115

RECEIVED

District Health Officer No. 4

District File Number 1042-1196

Date Filed 10-9-42

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 Edward C. Young

Licensed Embalmer No. 2138

P. O. Address Pennington, 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.