

FILED JUN 14 1943

Registration District No. 318

Primary Registration District No. 2000

Registrar's No.

428

1. PLACE OF DEATH:

(a) County GREENE  
(b) City or town SPRINGFIELD  
(c) Name of hospital or institution: BURGE HOSPITAL  
(d) Length of stay: In hospital or institution.....  
In this community.....  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County GREENE  
(c) City or town SPRINGFIELD  
(d) Street No. 419 S Main  
(e) Citizen of foreign country? NO  
If yes, name country.....

3. (a) PRINT FULL NAME ERNEST CLARENCE MONTGOMERY

3. (b) If veteran, name war NONE  
3. (c) Social Security No. unk.

4. Sex MALE 5. Color or race WHITE  
6. (a) Single, widowed, married, divorced 3 DIVORCED

6. (b) Name of husband or wife None  
6. (c) Age of husband or wife if alive XX years

7. Birth date of deceased Sep. 17 1876  
(Month) (Day) (Year)

8. AGE: Years 66 Months 8 Days 8  
If less than one day .hr. .min.

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

10. Usual occupation Laborer

11. Industry or business Miscellaneous Work

12. Name Ernest Montgomery

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

14. Maiden name (Unknown) Whites  
(City, town, or county) (State or foreign country)

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

16. (a) Informant Ms. E.B. Carr

(b) Address Portage, Wisconsin

17. (a) Funeral (b) Date thereof May 26-1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washburn Prairie Cem

18. (a) Signature of funeral director J.W. Klingner & Co.

(b) Address Springfield, Mo.

19. (a) 5-26-43 (b) W.E. Handley  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 25  
year 1943 hour 5 minute 15 A.M.

21. I hereby certify that I attended the deceased from Apr. 16 1943 to May 25 1943  
that I last saw alive on May 24 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Nephritis

Due to .....

Due to .....

Other conditions 12/18  
(Include pregnancy within 3 months of death)

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?.....  
(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.E. Handley (M. D. or other): ms.

Address Springfield, Mo. Date signed 5/25/43

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

MOTHER FATHER

851

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 *J. B. Higgins*

Licensed Embalmer No. 3358

P. O. Address *Springfield, 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.

X