

Registration District No. 62

Primary Registration District No. 5238

Registrar's No. 102

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

1. PLACE OF DEATH:

(a) County Cedar

(b) City or town Rural-Jefferson Township
(If outside city or town limits, write "RURAL" and name of township)

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

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

3. (a) PRINT FULL NAME Eunice Ada Montgomery

3. (b) If veteran, name war XXX

3. (c) Social Security No. XXX

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced, single

6. (b) Name of husband or wife XXXX 6. (c) Age of husband or wife if alive XX years

7. Birth date of deceased March 10, 1880
(Month) (Day) (Year)

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

<u>63</u>	<u>5</u>	<u>16</u>	<u>XXXXXXX</u> min.
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9. Birthplace Cedar County, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business XXXX

MOTHER FATHER { 12. Name T. M. Montgomery

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

14. Maiden name Mary Fillpot

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

16. (a) Informant T. M. Montgomery

(b) Address Stockton, Missouri

17. (a) Burial (Burial, cremation, or removal) Lindley Prairie (b) Date thereof 8-27-1943
(Month) (Day) (Year)

(c) Place: burial or cremation Lindley Prairie

18. (a) Signature of funeral director Church and Neale

(b) Address Stockton, Missouri

19. (a) 8-30-43 (Date received local registrar) (b) Mrs. Ethel Lebeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 20

(a) State Mo. (b) County Cedar

(c) City or town Rural-Jefferson Township
(If outside city or town limits, write "RURAL")

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug: day 26
year 1943 hour 1 minute — M.

21. I hereby certify that I attended the deceased from Aug 1, 1943 to Aug 26, 1943
that I last saw him alive on Aug 25, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death auricular fibrillation Duration 6 months

Due to

Due to

Other conditions dropsy of SA Duration 3 months
(Include pregnancy within 3 months of death)

Major findings: Of operations

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?

(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 J. J. Lebeck (M. D. or other) —

Address Stockton Mo. Date signed 8-27-43

RECEIVED

District Health Officer No. 7;

District File Number 8-43-882

Date Filed 9-3-43

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 Melvin Church

Licensed Embalmer No. 3272

P. O. Address Stockton

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.