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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 27 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42305

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1020

1. PLACE OF DEATH:

(a) County GREENE

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

(c) Name of hospital or institution: 716 N. Benton
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County GREENE 39 2

(c) City or town SPRINGFIELD Mo 6
(If outside city or town limits, write "RURAL")

(d) Street No. 716 - N - BENTON
(If rural, give location)

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

3. (a) PRINT FULL NAME HENRY MONTGOMERY

3. (b) If veteran, name war Unk.

3. (c) Social Security No. None

4. Sex MALE

5. Color or race 2 NEGRO

6. (a) ~~Single~~, widowed, ~~married~~, ~~divorced~~ 2 widower

6. (b) Name of husband or wife Unk.

6. (c) Age of husband or wife if alive Dec. years

7. Birth date of deceased FEB (Month) 5 (Day) 1849 (Year)

8. AGE: Years 94 Months 10 Days 10 If less than one day hr. min.

9. Birthplace DEWITT (City, town, or county) MO 0 (State or foreign country)

10. Usual occupation At home

11. Industry or business

FATHER
12. Name HENRY MONTGOMERY
13. Birthplace UNKNOWN (City, town, or county) Unk. 7 (State or foreign country)

MOTHER
14. Maiden name LOUISE UNKNOWN
15. Birthplace UNKNOWN (City, town, or county) Unknown 9 (State or foreign country)

16. (a) Informant MRS PEARL CLARK
(b) Address 716 BENTON AVE., Spfd. Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12-19-43 (Month) (Day) (Year)
(c) Place: burial or cremation Kansas City, Kan.

18. (a) Signature of funeral director Herbert V. Smith
(b) Address 702 - N. Jefferson, Spfd. Mo.

19. (a) 12-17-43 (Date received local registrar) (b) Dr W E Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 15
year 43 hour 11 minutes 30 P. M.

21. I hereby certify that I attended the deceased from on Dec 13 1943, 19 to Dec 13, 1943
that I last saw him alive on Dec 13, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Influenza & Senility	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 3 30	
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 James E Dewey (M. D. or other)
Address Springfield Mo Date signed Dec 16 43

9 & 4 (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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Robert [illegible]

Licensed Embalmer No. [illegible]

P. O. Address.....

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.