

S. No. 2
DM-8-43
v. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 12 1945
Registration District No. 1-260

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9941
Registrar's No. 152

Primary Registration District No. 2001

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

19
2
5

1. PLACE OF DEATH:
(a) County Wasper
(b) City or town Joplin, Missouri
(c) Name of hospital or institution: General Hospital
(d) Length of stay: In hospital or institution 4 weeks
In this community All her life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Newton
(c) City or town Seneca
(d) Street No. _____
(e) Citizen of foreign country? No.

3. (a) PRINT FULL NAME Ida Belle Montgomery
(b) If veteran, name war _____ (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 28
year 1945 hour 3 minute A.M.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife William C. Montgomery
6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased March 8 1884

21. I hereby certify that I attended the deceased from 2-27 1945 to 3-28 1945
that I last saw him alive on 3-28 1945
and that death occurred on the date and hour stated above.

8. AGE: Years 61 Months 0 Days 20
If less than one day _____ hr. _____ min.

Immediate cause of death Heart & Respiratory failure
Due to Shock
Due to Fracture right femur
Other conditions _____
(Include pregnancy within 3 months of death)

9. Birthplace Seneca Missouri
10. Usual occupation Housewife

Major findings: Fracture of femur below
& Thrombosis lower extremities
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER {
12. Name Samuel B. Taylor
13. Birthplace Barry Co. Missouri
14. Maiden name Mary E. Childers
15. Birthplace Missouri

16. (a) Informant Mrs. John Collins
(b) Address Seneca, Missouri
17. (a) Burial (b) Date thereof 3-31-45

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence 2-27-45
(c) Where did injury occur? at home Seneca Mo
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
home
While at work? _____ (Specify type of place)
(c) Means of injury _____

(c) Place: burial or cremation Seneca Cemetery
18. (a) Signature of funeral director W. E. Heineman
(b) Address Seneca, Mo
19. (a) 4-4-45 (b) W. E. Heineman

23. Signature W. E. Heineman (M. D. or other) MD
Address Joplin, Mo Date signed 4-3-45

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45-3-252



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 *R. M. Buzzard*
Licensed Embalmer No. *2334*
P. O. Address *Seneca 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.

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State-File No. 156
Registrar's No. 152

Registration District No. 156

Primary Registration District No. 2001

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

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution:
(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

3. (a) PRINT FULL NAME Ida B. Montgomery

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: mar 8
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>61</u>	<u>0</u>		

min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

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

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month mar, day 8, year 1945 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him/her alive on _____, 19____, and that death occurred on the date and hour stated above. Immediate cause of death _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence 2-27-45

(c) Where did injury occur? Seneca Newton, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home
(Specify type of place)

While at work? No (Specify type of place) (e) Means of injury supra while getting clothes

23. Signature W. Heuler (M. D. or other) Be.

Address Jasper, Mo. Date signed 4-13-45

SUPPLEMENTARY

9941