

**FILED JUN 13 1946**

Primary Registration District No. **3000**

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

1. PLACE OF DEATH:

(a) County **Adair**

(b) City or town **Kirkville**

(c) Name of hospital or institution: **806 S. Sixth St., /**  
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution **None**  
(If not in hospital or institution, write street number or location)

In this community **Lie**  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **James Carl Montgomery**

3. (b) If veteran, name war

3. (c) Social Security No. **494-20-5186**

4. Sex **Male** 5. Color or race **White**

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

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive **8** years **1902**

7. Birth date of deceased **Dec. 8**  
(Month) (Day) (Year)

8. AGE: Years **43** Months **5** Days **13**  
If less than one day hr. min.

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

10. Usual occupation **Laborer**

11. Industry or business

MOTHER FATHER { 12. Name **James S. Montgomery**

13. Birthplace **Scotland Co. Missouri**  
(City, town, or county) (State or foreign country)

14. Maiden name **Elizabeth Bear**

15. Birthplace **Scotland Co. Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Elizabeth Montgomery**

(b) Address **Kirkville, Missouri**

17. (a) **Burial** (b) Date thereof **5/23/46**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Union Cmt., Gibbs, Mo.**

18. (a) Signature of funeral director **D. E. Kelly**

(b) Address **Kirkville, Missouri**

19. (a) **6-5-46** (b) **Kate Lambert**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Adair**

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

(d) Street No. **806 S. Sixth St.,**  
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **21**  
year **1946** hour **12:00** minute **P.** M.

21. I hereby certify that I attended the deceased from **June 1945** to **May 21 1946**  
that I last saw him alive on **May 21 1946**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Myocardial insufficiency** **3 mo.** years

Due to **Hypertensive Heart Disease and** **years**

Due to **Associated Chronic nephritis** **years**

Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: Of operations **MI**

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)

(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?

While at work? (Specify type of place) (e) Means of injury

23. Signature **[Signature]** (M. D. or other) **2**  
Address **Kirkville, Mo.** Date signed **5/23/46**

RECEIVED

District Health Officer No. 10

District File Number 6-46-1188

Date Filed JUN 13 1946

**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 *D. E. Kelly*

Licensed Embalmer No. 4181

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.**