

S. No. 2
M-8-43
5-17-39
P1 X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

29903

FILED OCT 8 1946
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 93

Primary Registration District No. 5336

Registrar's No. 68

1. PLACE OF DEATH:

(a) County Dade

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

(c) Name of hospital or institution:
4 miles S. E. of Greenfield /
(If not in hospital or institution, write street number or location) None

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 64 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dade 29

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. 4 Miles S. E. of Greenfield 0
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No) 0

If yes, name country No.

3. (a) PRINT FULL NAME HORACE MARION MONTGOMERY

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 26 th _____
year 1946 hour 12 minute 15 a. M.

3. (b) If veteran, name war No

3. (c) Social Security No. No

21. I hereby certify that I attended the deceased from May 15, 1946 to Sept 26, 1946
that I last saw him alive on Sept 25, 1946
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary P. Montgomery 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased January 9 1882
(Month) (Day) (Year)

Immediate cause of death Cancer of lung

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>8</u>	<u>15</u>	hr. _____ min.

Due to _____

Due to _____

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

9. Birthplace Cane Hill Missouri
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____ 47D

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

10. Usual occupation Farmer and Stockman

11. Industry or business Agriculture

12. Name Richard Montgomery

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

14. Maiden name Emilee Stanley

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

16. (a) Informant Mrs. Mary P. Montgomery

(b) Address Greenfield, Mo. R-F-D. # 3

17. (a) Burial (b) Date thereof 9-27-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenfield Cemetery

18. (a) Signature of funeral director Sam. E. Gensemer Jr

(b) Address Greenfield, Mo.

19. (a) 9-28-46 (b) W. H. Webb
(Date received local registrar) (Registrar's signature)

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 0

23. Signature St. J. Cowan (M. D. or other) _____
Address Greenfield Mo. Date signed 9-26-46

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

28739

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 Sam E. Senevey Jr

Licensed Embalmer No. 4099

P. O. Address Greenfield, 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.