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ev. 5-17-39
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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. **41199**
Registrar's No. **5-1**

FILED JAN 19 1946
Registration District No. **175**

Primary Registration District No. **5-657**

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

1. PLACE OF DEATH:

(a) County **Laurence**

(b) City or town **Midway, Pusey, Vankuback**
(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) **1**

(d) Length of stay: In hospital or institution **1**

In this community **60 years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Laurence**

(c) City or town **Chesapeake** **55**
(If outside city or town limits, write "RURAL") **0**

(d) Street No. **—** (If rural, give location) **—**

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

If yes, name country **—**

3. (a) PRINT FULL NAME **Minnie Bell Tubbs**

3. (b) If veteran, name war **—** 3. (c) Social Security No. **—**

4. Sex **Female** 5. Color or race **—**

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

6. (b) Name of husband or wife **—** 6. (c) Age of husband or wife if alive **—** years

7. Birth date of deceased **July 10 1907**
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **23**
year **1946** hour **11** minute **45** M.

21. I hereby certify that I attended the deceased from **Nov 23** 19**46** to **Nov 23** 19**46**
that I last saw **her** alive on **Nov 23** 19**46**
and that death occurred on the date and hour stated above.

Immediate cause of death **Angina pectoris** Duration **1 hour**

Due to **—**

Due to **—**

Other conditions (Include pregnancy within month of death) **—**

Major findings: Of operations **—**

Of autopsy **—**

8. AGE: Years **69** Months **4** Days **13** If less than one day **—** hr. **—** min.

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

10. Usual occupation **House keeper**

11. Industry or business **—**

MOTHER FATHER

12. Name **George Montgomery**

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

14. Maiden name **Emily**

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

16. (a) Informant **Chloe Thomas**
(b) Address **Chesapeake, Mo.**

17. (a) **Burial** (b) Date thereof **Nov 27 1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Camp Hail Cemetery**

18. (a) Signature of funeral director **W. D. Torsett**
(b) Address **Midway, Mo.**

19. (a) **12-20-46** (b) **W. S. Beasley**
(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 **—**

23. Signature **P. A. Halmes** (M. D. or other) **—**
Address **Midway, Mo.** Date signed **2-8-46**

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

RECEIVED

District Health Officer No. 6,

District File Number 147-9

Date Filed JAN 6 1947

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.....

By me....., Registered Apprentice No.....
working under my personal supervision.

Signed Max S. Jonett.....

Licensed Embalmer No. 4252.....

P. O. Address M. Vernon, 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.