

FILED JAN 23 1947
Primary Registration District No. 1002

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1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1020 E 76th St. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 43 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 1020 E 76th St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Dolly Montgomery

3. (b) If veteran, name war no
3. (c) Social Security No. none

4. Sex F 5. Color or race Wh
6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased April 5 1882
(Month) (Day) (Year)

8. AGE: Years 64 Months 9 Days 6
If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business None

12. Name Daniel B Hamill
13. Birthplace on ship from Ireland to Mo
(City, town, or county) (State or foreign country)

14. Maiden name Marie Etta (Cresfield)
15. Birthplace Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Zetta Horton (daughter)
(b) Address 628 E 73

17. (a) Removal (b) Date thereof 1-11-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Joseph - Mo.

18. (a) Signature of funeral director W. W. Hutchins
(b) Address 1401 Broadway Blvd. K.C. Mo.

19. (a) 1-11-47 (b) S. Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 11
year 1947 hour 4 minute 20 PM
21. I hereby certify that I attended the deceased from 1-11-47
19____, to 1-11-47 19____
and that I last saw her alive on 1-11-47 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Duration _____

Due to Diabetes
Cancer of Rectum.

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

2. 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 Jacob P. Farney M.D.
Address 6305 Brookside Date signed 1-11-47

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

MOTHER FATHER

JUL 16 1967

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 Paul Rapp

Licensed Embalmer No. 3458

P. O. Address K.C. 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.