

No. 2  
12-45  
-17-39  
X47070

FILED MAY 5 1947

Registration District No. 164

Primary Registration District No. 3032

Registrar's No. 42

1. PLACE OF DEATH:

(a) County Johnson

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

(c) Name of hospital or institution:  
Pertle Springs  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no (Specify whether)

In this community 2 Yrs  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson 57

(c) City or town Warrensburg Rural 1  
(If outside city or town limits, write "RURAL")

(d) Street No. Pertle Springs 1  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Joseph Eldridge Montague

3. (b) If veteran, name war No

3. (c) Social Security No. 455-26-2381

4. Sex Male 5. Color or race white

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

6. (b) Name of husband or wife Effie B Montague

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased July 11 1863  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

84 9 10 hr. min.

9. Birthplace Gallons Grove Iowa  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business \_\_\_\_\_

12. Name George Montague

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

14. Maiden name Francis Andrews

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

16. (a) Informant Mrs. Effie B. Montague

(b) Address Warrensburg Mo.

17. (a) Burial (b) Date thereof 4-23-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Hill

18. (a) Signature of funeral director Sweeney Phillips

(b) Address Warrensburg Mo.

19. (a) Apr. 23, 1947 (b) Saravinal D. Phillips  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21  
year 1947 hour 9 minute 45 P.M.

21. I hereby certify that I attended the deceased from Nov. 20  
1946, to April 21, 1947.  
that I last saw him alive on April 17, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

Duration 10 min

Due to Myocardial degeneration

Due to Senility

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN

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 \_\_\_\_\_

Signature [Signature] (M. D. or other) 0  
Address Warrensburg Mo. Date signed 4-23-47

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

MOTHER FATHER

NOV 23 1949

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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.....

*J. Earl Priest*

Licensed Embalmer No. 3878

P. O. Address. Warrensburg 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.**