—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 11 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18130

Registration District No. 209

Primary Registration District No. 3043

Registrar's No. 208

1. PLACE OF DEATH:
(a) County Marion
(b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Elizabeth Hospital
(If not in hospital or institution, write street, number or location)
(d) Length of stay: In hospital or institution 14 Days Hospt (Specify whether
In this community 14 Days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Monroe 69
(c) City or town Monroe City 1
(If outside city or town limits, write "RURAL")
(d) Street No. East Cleveland St 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Alphonsus Bernard Montgomery
3. (b) If veteran, name war War 1
3. (c) Social Security No.

4. Sex Male 0
5. Color or race white
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife Genevie
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March (Month) 12 (Day) 1885 (Year)

8. AGE: Years 62 Months 2 Days 14 If less than one day hr. min.

9. Birthplace Clapper (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation Postal Clerk (Retired) 2 Mo
11. Industry or business
FATHER
12. Name James Samuel Montgomery
13. Birthplace Harrison County (City, town, or county) Kentucky (State or foreign country) 1
MOTHER
14. Maiden name Cordelia Pike
15. Birthplace Monroe County (City, town, or county) Missouri (State or foreign country) 0
16. (a) Informant Thos. O. Montgomery
(b) Address 319 N. Gore Ave Webster Groves Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 28/47 (Month) (Day) (Year)
(c) Place: burial or cremation Holy Rosary Monroe City Mo.
18. (a) Signature of funeral director Wilson & Sons
(b) Address Monroe City; Mo
19. (a) 5-27-47 (Date received local registrar) (b) Dr E M Lucke (Registrar's signature) 101

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26 year 1947 hour 4 minute 15 A.M.

21. I hereby certify that I attended the deceased from 5-12, 1947, to 5-26, 1947; that I last saw him alive on 5-26, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death ~~Cirrhosis of the liver.~~	~~2 years~~
Hypertensive Hart disease	3 years.
Due to	
Due to	
Other conditions Terminal Uremia (Include pregnancy within 3 months of death)	14 days.

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature Harry L Breene (M. D. or other)
Address Holmes Bldg. Hannibal, Mo Date signed 5-27-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

DEC 18 1947

OCT 10 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 me

Registered Apprentice No.

working under my personal supervision.

Signed Leslie L. Wilson

Licensed Embalmer No. 3014

P. O. Address Monroe City, 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.