FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 24 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 4040

Registration District No. 42 — Primary Registration District No. 1000 — Registrar's No. 186

1. PLACE OF DEATH:
(a) County: Buchanan
(b) City or town: St. Joseph (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph's Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 hours (Specify whether In this community two years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Buchanan 11
(c) City or town: St. Joseph (If outside city or town limits, write "RURAL")
(d) Street No.: 326 E. Nebraska St. (If rural, give location) 7 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: FELIX MONTOURY
3. (b) If veteran, name war: WORLD WAR #II
3. (c) Social Security No.: 477-18-9536
4. Sex: Male 4
5. Color or race: Mexican
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Mildred
6. (c) Age of husband or wife if alive: 25 years
7. Birth date of deceased: May (Month) 12, (Day) 1910 (Year)

8. AGE: Years 37 Months 9 Days 0 If less than one day ... hr. ... min.

9. Birthplace: Browning (City, town, or county) Montana (State or foreign country)
10. Usual occupation: Laborer
11. Industry or business: Lawhon Construction Co.
FATHER
12. Name: Unknown
13. Birthplace: Unknown (City, town, or county) (State or foreign country) 9
MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown (City, town, or county) (State or foreign country) 9
16. (a) Informant: Mildred Montoury (wife)
(b) Address: 326 E. Nebraska St., City
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2/17/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Olivet Cemetery
18. (a) Signature of funeral director: John C. Rupp
(b) Address: 6054 Pryor Avenue, St. Joseph, Mo.
19. (a) 2-16-48 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) 3 2 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 12, year 1948 hour 10 minute :45 P M.
21. I hereby certify that I attended the deceased from Feb 12th 1948 to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: Suicide by fire Arms — Duration
Due to
Due to
Other conditions (Include pregnancy within 3 months of death) e
Major findings: Of operations 164
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): Suicide
(b) Date of occurrence: Feb 12th 1948
(c) Where did injury occur? St Joseph (City or town) Mo, (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? no (e) Means of injury: Gun
23. Signature: B. W. Tadlock (M. D. or other) Coroner 3
Address: King Hill Bldg St. Joseph, Mo. Date signed 3/4/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

FEB 26 1948

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 John E. Rupp

Licensed Embalmer No. 3986

P. O. Address St. Joseph, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.