

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 16 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36026

Registration District No. 96

Primary Registration District No. 4158

Registrar's No. 83

1. PLACE OF DEATH:
(a) County Dallas
(b) City or town BUFFALO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 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 _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Dallas 30
(c) City or town BUFFALO 3
(If outside city or town limits, write "RURAL")
(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 William C. Montgomery
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct day 28
year 1948 hour 4 minute 25 AM

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced M
7. Birth date of deceased: JULY 22 - 1868
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct 27 1948 to Oct 28 1948
that I last saw him alive on Oct 28 1948
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
80 3 6 hr. min.

Immediate cause of death: Terminal Bronchopneumonia Duration 48 hrs
Due to Cerebral hemorrhage & senility 6 yrs
Due to Arteriosclerosis & hypertension 12 yrs
Other conditions (Include pregnancy within 3 months of death) _____

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

10. Usual occupation Retired School Teacher

Major findings: Of operations None of 30
Of autopsy None
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER
11. Industry or business _____
12. Name T. B. Montgomery
13. Birthplace UNKNOWN 9
(City, town, or county) (State or foreign country)
14. Maiden name _____ 9
15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant E. V. Montgomery
(b) Address BUFFALO, MO.
17. (a) BURIAL (b) Date thereof 10-29-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation OAK LAWN

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 _____

18. (a) Signature of funeral director Montgomery Vaughan
(b) Address BUFFALO, MO.
19. (a) 11/14/48 (b) Eric J. B. Jones
(Date received local registrar) (Registrar's signature)

23. Signature A. B. Plummer (M. D. or other) MD
Address Buffalo Mo. Date signed 11-24-48

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

RECEIVED

District Health Officer No. *71*

District File Number *10-48-1325*

Date Filed *11-15-48*

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 *Blyde Montgomery*
Licensed Embalmer No. *3592*
P. O. Address *Buffalo, 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.