

THE DEPARTMENT OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City 0		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
d. FULL NAME OF HOSPITAL OR INSTITUTION: General Hospital No. 1		d. STREET ADDRESS (If rural, give location) 4123 Independence	

3. NAME OF DECEASED (Type or Print) a. (First) Thomas b. (Middle) Elmer c. (Last) Montgomery		4. DATE OF DEATH (Month) (Day) (Year) 9 24 50	
5. SEX male <input checked="" type="checkbox"/>	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Sept. 9, 1866
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired		10b. KIND OF BUSINESS OR INDUSTRY -	9. AGE (In years last birthday) 84
11. BIRTHPLACE (State or foreign country) Pennsylvania /		12. CITIZEN OF WHAT COUNTRY? U. S.	

13a. FATHER'S NAME no record	13b. MOTHER'S MAIDEN NAME no record	14. NAME OF HUSBAND OR WIFE Sohana
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS J. F. Montgomery Kansas City, Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized arteriosclerosis  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bronchopneumonia		INTERVAL BETWEEN ONSET AND DEATH  45 MIN
---	--	--	--	--

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 10, 1950, to Sept. 24, 1950, that I last saw the deceased alive on Sept. 24, 1950, and that death occurred at 10:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>R. H. Stratemeier J.D.</u>	23b. ADDRESS 24th & Cherry	23c. DATE SIGNED 9-25-50
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 9-26-50	24c. NAME OF CEMETERY OR CREMATORY St. Marys
24d. LOCATION (City, town, or county) (State) Kansas City, Mo.		

DATE REC'D BY LOCAL REG. 9-25-50	REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. P. Shell K. C. Mo.
-------------------------------------	--	---

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

*Dr. Johnson*

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*J. P. Shield*

Signed.....

Student Embalmer

Licensed Embalmer No. 3625

P. O. Address.....

**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.