S. No. 2	DEPARTMENT OF COMMERCE THE STATE BOARD OF F	HEALTH OF MISSOURI	0
4-8-43 5-17-39	BUREAU OF THE CENSUS STANDARD CERTIFI	CATE OF DEATH State File No. 4104	<u>.U</u>
I X37823	Registration District you Primary Registration District	et No. 5782 Registrar's No.	
	1. PLACE OF DEATH O (10)	2. USUAL RESIDENCE OF DECEASED:	Ter
42	(a) County Office (a) County	(a) State (b) County a	A
' ଥି	(b) City or town	(c) City or town feasuret Hope of	uras
	(c) Name of hospital or institution:	(If outsiderity or town limits write "RURAL"	1/200
' <b>£</b>	(If not in hospital or institution, write street number or location)	(d) Street No. 24 MULE Q. (If rury) sive location)	JAC/FCX
A PERMANÈNT RECORD	(d) Length of stay: In hospital or institution	(e) Citizen of foreign country?	(Yes or No)
¥	In this community years, months or days)	If yes, name country	
13	3. (6) PRINT Learge Daniel Montgomes	MEDICAL CERTIFICATION	•
¥	3. (b) If veteran, 3. (c) Social Security	20. DATE OF DEATH: Month Jel day day	A-
	name war Worle No Hurie	year 1976 hour 1775 minute	М.
TY.	5. Color of 6. (a) Single, widowed, married,	21.) I hereby certify that I attended the decreased from.	1046
· [	4. Sex Male rellette divorce Marries	that I last saw haralive on Jack - 5-	1046
, Ž	Anne of husband or wife 6. (c) Age of husband or wife if	and that death occurred on the date and hour stated above.	Duration
40462 i write plainly—use unfading black ink—make	Effic Morelgowery alive 81 years	Immediate cause of death	
	///Birth date of deceased (Month) (Day) (Year)		
B	8. AGE: Years Months Days If less than one day	Due to Carebral - arleno-	
	79 11 27	3 eleron.	
A G		Due to	
N.	9. Birthplace (Cityfown, or county) (State or foreign country)	}	
E	10. Usual occupation January	Other conditions	
S	11. Industry or business Taruuul		PHYSICIAN
, <u>,</u>	12 confragicis Montgomery	Major findings: Of operations	Underline
	(13. Birthplace / Mulleroure, 9		the cause to which death
<u> </u>	(City, town or county)  (City, town or county)  (City, town or county)	Of autopsy	should be charged sta- tistically.
열	15. Birthplace (City, town & County) (State or foreign country)	22. If death was due to external causes, fill in the following:	itisticany.
	16. (a) Informat Mas. I Morilavinery	(a) Accident, suicide, or homicide (specify)	
	(b) Add Pleasant Duste Mo	(b) Date of occurrence	
	17. (a) Date thereof Maril (1994)	(c) Where did injury occur? (City or town) (County)	(State)
	(c) Place: burial or cremation las aut of cremation las auto	Did injury occur in or about home, on farm, in industrial place, in p	oanue pracer
	18. (a) Signature of inneral directo Willand & Enur	(Specify type of place)  While at works (c) Means of injury	
	(b) Address Lesait Horse 310	23. Signature (M. D. or c	other)
	19. (a) 20 4 (b) (Registrar's signature)	Address Date signe	
	264 (Licensed Embalmer's Str		•
	<u></u>		

STATEMENT BY LICENSED EMBALMER				
I hereby certify that the body whose name is recorded on the reverse side o	f this certificate was embalmed by me, or by			
	, Registered Apprentice No			
working under my personal supervision.	William B. Enwine Licensed Embalmer No. 3092			

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.