

FILED JUN 13 1943

Registration District No. 318

Primary Registration District No. 3059

Registrar's No. 94

1. PLACE OF DEATH

(a) County St. Francois  
(b) City or town Bonne Terre  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community \_\_\_\_\_ (Specify whether  
years, months or days)

3. (a) PRINT FULL NAME JOSHUA WILSON MONTGOMERY  
3. (b) If veteran, ✓ name war \_\_\_\_\_ 3. (c) Social Security No. ✓

4. Sex MO 5. Color or race W  
6. (a) Single, widowed, married, divorced Widowed  
6. (c) Age of husband or wife if alive ✓ years  
7. Birth date of deceased August 17 1856  
(Month) (Day) (Year)

8. AGE: Years 86 Months 9 Days 9 If less than one day  
hr. min.

9. Birthplace Perry Co. Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business \_\_\_\_\_

12. Name John Montgomery

13. Birthplace Tennessee  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant J. C. Mabery

(b) Address 421 A St. Bonne Terre Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 28, 1943  
(Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn & River

18. (a) Signature of funeral director Bentley Truck Co  
(b) Address 313 Center Bonne Terre

19. (a) 5-28-1943 (Date received local registrar) (b) Byndie Burmester (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois  
(c) City or town Bonne Terre 94  
(If outside city or town limits, write "RURAL")  
(d) Street No. 421 A Street 2  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26th  
year 1943 hour 6 minute 15 A M.

21. I hereby certify that I attended the deceased from Jan 10 1943 to May 26 1943  
that I last saw him alive on May 23 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis  
Due to ditto unknown

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 93d

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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 \_\_\_\_\_

23. Signature A. P. Curran (M. D. or other) \_\_\_\_\_  
Address Bonne Terre Mo Date signed 5-27-43

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 4  
District File Number 643-228  
Date Filed 6-5-43

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 C. J. Claywell  
Licensed Embalmer No. 3706  
P. O. Address Bonne Terre, 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.