

REC'D MAY 18 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

15088

Do not use this space.

## 1. PLACE OF DEATH

(a) County Jackson 2 Registration District No. 398  
(b) Township Blue 1 Primary Registration District No. 5554  
(c) City ..... (d) Street No. 2204 Home St. ....  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 154

## 2. PRINT FULL NAME

635 William M. Curtin  
(a) Residence, No. 2204 Home St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Edna Curtin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 29 1883

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
56 3 8

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Powder Monk

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) Pittsburg (STATE OR COUNTRY) Pennsylvania

13. NAME John Curtin 1

14. BIRTHPLACE (CITY OR TOWN) unknown 9 (STATE OR COUNTRY) .....

15. MAIDEN NAME unknown 9

16. BIRTHPLACE (CITY OR TOWN) .. 9 (STATE OR COUNTRY) .....

17. INFORMANT Mrs. Edna F. Curtin (ADDRESS) 2204 Home Ave. Rt. 6. Independence Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mary's - Indep. DATE May 9 1939

19. FUNERAL DIRECTOR W. H. Mitchell (ADDRESS) Independence, Mo.

20. FILED 5-13-39 19 39 J. L. Cook Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-6 1939

22. I HEREBY CERTIFY, That I attended deceased from

1939 May 6 19.....  
I last saw h..... alive on May 6 19..... Death is said

to have occurred on the date stated above, at 2:00 P.M.  
The principal cause of death and related causes of importance were as follows:

Coronary Occlusion  
Coronary Sclerosis  
Date of onset .....

Other contributory causes of importance: HTA

Hypertension

Name of operation None Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ..... Date of injury ..... 19.....  
Where did injury occur? .....

(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. L. Cook M. D.  
Address 310 Independence

OCT 21 1949

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**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E. ....

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

**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.)**