

SEP 1 9 1939

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

29674  
Do not use this space.

1. PLACE OF DEATH

(a) County Marion Registration District No. 547  
(b) Township Mason Primary Registration District No. 3079 Registered No. 224  
(c) City or Hannibal (d) Street No. St. Elizabeths Hospital 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.

2. PRINT FULL NAME

Guy Leroy Curreless  
(a) Residence, No. 642 St. Stoutsville Mo. R. 1  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Clara S. Curreless

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 20-1894

7. AGE YEARS 45 MONTHS 12 DAYS 12 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farming  
9. Industry or business in which work was done, as saw mill, bank, etc. Gen Agriculture  
10. Date deceased last worked at this occupation (month and year) July 1939 ii. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) Havana Illinois

FATHER 13. NAME Emery Bradford Curreless

14. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) Brown co. Ohio

MOTHER 15. MAIDEN NAME Mary Betty Gould

16. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) Fulton co. Illinois

17. INFORMANT (ADDRESS) Mrs. Clara Curreless Stoutsville Mo R1

18. BURIAL, CREMATION, OR REMOVAL Warren Cemetery DATE Aug. 3rd 1939

19. FUNERAL DIRECTOR (NAME) Wilson & Son (ADDRESS) Monroe City Mo.

20. FILED Aug 2 1939 H. C. Frishe Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 1 1939

22. I HEREBY CERTIFY, That I attended deceased from July 20 1939 to Aug 1 1939  
I last saw him alive on Aug 1 1939 Death is said to have occurred on the date stated above, at 12:58 m.  
The principal cause of death and related causes of importance were as follows:

Below lower lobes pneumonia  
Acute Myocarditis  
Other contributory causes of importance:

Name of operation Chin stab  
What test confirmed diagnosis no Was there an autopsy?

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. C. Frishe M. D.  
(Address) Hannibal Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SEP 19 1951

**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 myself.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed O. W. Wilson.....

Licensed Embalmer No. 1696.....

P. O. Address Monroe City, 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, above space should be left blank.**