LEC OCT 12 19..

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

31923
Do not use this space.

1. PLACE OF DEATH

(a) County BUCHANAN 3 Registration District No. .....

(b) Township ..... Primary Registration District No. ..... Registered No. 971

(c) or City ST. JOSEPH. 1 (d) Street No. SMITH - PARK. 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 CHARLES HOMER CURZON

(a) Residence, No. 818 North 3rd St. ☐ .....
(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: Wht
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: —

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 1, 1893

7. AGE: YEARS 46 | MONTHS 1 | DAYS 17 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Plaster
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) Sept 1939
11. Total time (years) spent in this occupation yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Joseph Mo.

FATHER
13. NAME: Charles Curzon
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New York New York

MOTHER
15. MAIDEN NAME: Viola Rodecap
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): — Ind.

17. INFORMANT (ADDRESS): Mrs. Ethel Humeder St. Joseph, Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Ashland DATE 9/21 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Roy Stamey 2335 St. Jos. ave. St Jos

20. FILED Sept 20 1939 H. J. Westlebush
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept, 18th, 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 18th, 1939 to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 11 P.m.
The principal cause of death and related causes of importance were as follows:

Chronic Alcoholism

Date of onset

75 b

Other contributory causes of importance: none

Name of operation ..... Date of .....
What test confirmed diagnosis? History Was there an autopsy? no

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? no
If so, specify .....
(Signed) R. W. Tadlock Coroner, M. D.
(Address) King Hill Bldg,

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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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 John H. Hurley, Registered Apprentice No. ..... working under my personal supervision.

Signed John H. Hurley

Licensed Embalmer No. 4050

P. O. Address 2335 S. Joseph

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.