V. S. No. 2
M—11-10-39
Rev. 5-17-39
I X21492

20
1
0

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6257

Registration District No. FILED MAR 16 1940 163

Primary Registration District No. 4095

Registrar's No.

1. PLACE OF DEATH:

(a) County Cedar

(b) City or town Eldorado Springs Mo
(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 — 2 (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cedar

(c) City or town Eldorado Springs
(If outside city or town limits, write "RURAL")

(d) Street No. 316 W. Hickory
(If rural, give location)

(e) If foreign born, how long in U. S. A.? — years.

3. (a) PRINT FULL NAME Stephen R McCurdy 262

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife —

6. (c) Age of husband or wife if alive — years

7. Birth date of deceased Feby - 11 - 1940
(Month) (Day) (Year)

8. AGE: Years | Months | Days | If less than one day 4 hr. min.

9. Birthplace Eldorado Springs (City, town, or county) Missouri (State or foreign country)

10. Usual occupation none

11. Industry or business none

FATHER
12. Name Willis McCurdy 1
13. Birthplace (City, town, or county) Kans (State or foreign country)

MOTHER
14. Maiden name Margaret Graves 1
15. Birthplace (City, town, or county) Iowa (State or foreign country)

16. (a) Informant Willis McCurdy
(b) Address Eldorado Springs, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feby 12 1940 (Month) (Day) (Year)
(c) Place: burial or cremation City (Cem)

18. (a) Signature of funeral director Gwinn-Siders
(b) Address Eldorado Springs Mo

19. (a) 2-12-40 (Date received local registrar) (b) J W Dawson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feby day 11
year 1940 hour 4 minute P M.

21. I hereby certify that I attended the deceased from Feb 11, 1940 to Feb 11, 1940
that I last saw him alive on Feb 11, 1940
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Premature birth	
Due to	
Due to 154	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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

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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature 154 C H Sunderwith (M. D. or other) D.O.
Address El Dorado Spgs Mo Date signed 2/11/40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 3-40-441
Date Filed 3-13-40

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.....

Licensed Embalmer No.....

P. O. Address.....

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.