

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **17565**

Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No. **2092**

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **1121 Troost**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. **38 years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Albert Curley** **640**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **496-09-9896**

4. Sex **Ma** 5. Color or race **Wh** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Lillie Curley** 6. (c) Age of husband or wife if alive **years**

7. Birth date of deceased **September 22, 1871**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	68	7	27	hr. min.

9. Birthplace **New York N.Y.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Butcher**

11. Industry or business **Fowler Packing Co.**

MOTHER FATHER

12. Name **No Record**

13. Birthplace **No Record**

14. Maiden name **No Record**

15. Birthplace **No Record**

16. (a) Informant **Mrs. Kathryn Coffee**
(b) Address **1121 Troost**

17. (a) Burial (b) Date thereof **5-22-40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Green Lawn Cem.**

18. (a) Signature of funeral director **J.W. Wagner**
(b) Address **Kansas City, Mo.**

19. (a) **May 21, 1940** (b) **M.M. Browne**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **1121 Troost**
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **19th**
year **1940** hour **7** minute **15** P.M.

21. I hereby certify that I attended the deceased from **May 12, 1940** to **May 19, 1940**
that I last saw him alive on **May 16, 1940**
and that death occurred on the date and hour stated above.

Immediate cause of death **Bronchopneumonia**

Due to **59**

Other conditions **Arteriosclerosis & diabetes mellitus 29.0**
(include pregnancy within 3 months of death)

Major findings: Of operations **0**
Of autopsy **0**

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? **361**
While at work? _____ (Specify type of place)
(e) Means of injury **1**

23. Signature **J.P. Sheldon** (M. D. or other) **1**
Address **922 Walnut** Date signed **5-21-40**

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

604
Cammie Bell

603
Cammie Bell

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 Cecil R. Matthes

Licensed Embalmer No. 3807

P. O. Address Kansas 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.