

FILED JUN 13 1940

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 668

Primary Registration District No. 3032

Registrar's No. 168 186

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia
(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 _____ (Specify whether)
In this community _____ (Specify whether)
years, months or days 630

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25
year 1940 hour 09 minute P. M.
21. I hereby certify that I attended the deceased from 5-25
1940 to 5-26 1940
that I last saw her alive on 5-26
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Premature
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Duration

PHYSICIAN

Underlines the cause to which death should be charged statistically.

Major findings: _____
Of operations _____
Of autopsy _____

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? _____
9:16 (Specify type of place)
While at work? _____ (a) Means of injury _____

23. Signature C. R. Madley (M. D. or other) _____
address 116 1/2 W. Main Date signed _____

3. (a) PRINT FULL NAME MARGUETT KERR CURD

3. (b) If veteran, name war _____ (c) Social Security No. _____

4. Sex F 5. Color or race Col 6. (a) Single, widowed, married, divorced _____

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 25 1940
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day 16 hr. _____ min.

9. Birthplace Sedalia Pettis Mo
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Carl Curd

13. Birthplace Sedalia Pettis Mo
(City, town, or county) (State or foreign country)

14. Maiden name Marguett Smith

15. Birthplace Benton Cooper Mo
(City, town, or county) (State or foreign country)

16. (a) Informant John Smith

(b) Address Sedalia Mo

17. (a) Sedalia Mo (b) Date thereof May 27 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sedalia

18. (a) Signature of funeral director F. D. Ferguson

(b) Address Sedalia Mo

19. (a) 5-27-40 (b) Mr. Harry Sneed
(Date received local registrar) (Registrar's signature)

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

44

281-
d
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d
RECEIVED
District Health Officer No. 8,
District File Number 6-14-40
Date Filed

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 A. D. Ferguson

Licensed Embalmer No. 2172

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.