

FILED OCT 11 1940

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

31326

Do not use this space.

## 1. PLACE OF DEATH

(a) County Barton Registration District No. H 1  
(b) Township Le Roy Primary Registration District No. 5063  
(c) City Liberal (d) Street No. \_\_\_\_\_  
(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

GEORGE BENSON CURLESS  
(a) Residence, No. \_\_\_\_\_ County \_\_\_\_\_ 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mandy Ellen Curless  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 15, 1863  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
77 7 13

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer  
9. Industry or business in which work was done, as saw mill, bank, etc. own farm  
10. Date deceased last worked at this occupation (month and year) Apr. 1940 11. Total time (years) spent in this occupation 60 yr

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lawrence Kansas

FATHER 13. NAME William Henry Curless  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER 15. MAIDEN NAME Zanetta Kennedy  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) John W. Curless  
Mulberry, Kansas

18. BURIAL, CREMATION, OR REMOVAL PLACE Liberal, Mo. DATE Sept 30 1940

19. FUNERAL DIRECTOR (ADDRESS) Berkley Funeral Service  
Mulberry, Kansas

20. FILED Oct 7 1940 J. K. Spill M.D.  
Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 28 1940  
22. I HEREBY CERTIFY, That I attended deceased from Oct -, 1936, to Sept 28, 1940  
I last saw him alive on Sept 28, 1940 Death is said to have occurred on the date stated above, at 6: P. m.  
The principal cause of death and related causes of importance were as follows:

Mitral Regurgitation Date of onset 1936  
Bronchial Asthma  
Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? physical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? No 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. No

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_

(Signed) Allen W Sandridge M. D.  
(Address) Mulberry, Kansas

STATEMENT BY LICENSED EMBALMER

I, J. M. Berkeley, Licensed Embalmer No. 2336  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me  
..... L. E. ....  
No. .... or by ..... Registered Apprentice No. ....  
working under my personal supervision.  
Signed J. M. Berkeley  
Licensed Embalmer No. 2336

**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.)**