No. 2
1-10-39
17-39
X2149

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. 31739

Registration District No. OCT 12 1940 8

Primary Registration District No. 3011

Registrar's No. 145

1. PLACE OF DEATH:
(a) County: Clay
(b) City or town: Excelsior Springs, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Facility
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 10 days (Specify whether years, months or days) 3
In this community: 10 days

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.: 412 North Topping 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? --- years.

3. (a) PRINT FULL NAME: Jesse James Curren
3. (b) If veteran, name war: WW
3. (c) Social Security No.: None
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Stella L. Curren
6. (c) Age of husband or wife if alive: Unknown years
7. Birth date of deceased: June 22, 1891 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
49	2	22	hr. min.

9. Birthplace: Sedalia, Mo. (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation: Barber 9
11. Industry or business: Barber
MOTHER FATHER
12. Name: Patrick Curren 9
13. Birthplace: unknown (City, town, or county) unknown (State or foreign country)
14. Maiden name: Lucy Ellen Turley
15. Birthplace: unknown (City, town, or county) unknown (State or foreign country)
16. (a) Informant: Hospital records
(b) Address:
17. (a) Leavenworth, Ks. (Burial, cremation or removal) (b) Date thereof: 9-17-40 (Month) (Day) (Year)
(c) Place: burial or cremation: Leavenworth, Kans.
18. (a) Signature of funeral director: Claude Prichard
(b) Address: Excelsior Springs, Mo.
19. (a) 9-14-40 (Date received local registrar) (b) Mae Rea McCracken (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Sept. day: 13th year: 1940 hour: 10:17 minute: A. M.

21. I hereby certify that I attended the deceased from Sept. 4, 1940 to Sept. 13, 1940; that I last saw him alive on Sept. 13, 1940, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Septicemia	
Due to: Ischio-rectal Abscess	
Due to: * Terminal Endocarditis	
Other conditions * (Include pregnancy within 3 months of death)	
Major findings: Of operations: Hemorrhoids	
Of autopsy: As shown above	

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

23. Signature: E. A. Welch (M. D. or other) M.D.
Address: E. A. WELCH, M.D. Manager Veterans Administration Excelsior Springs, Mo. Date signed: 9-13-40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 10-5-40

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 Bob Ray, Registered Apprentice No. 226 working under my personal supervision.

Signed Claude Prichard

Licensed Embalmer No. 2751

P. O. Address Excelsior Spgs

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

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