. No. 2
-11-10-39
5-17-39
I X21492

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

NOV 21 1940
NOV 2

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36115

Registration District No. 7 Ra Co Primary Registration District No. 29 58 Registrar's No.

1. PLACE OF DEATH

(a) County: RALLS.
(b) City or town: Saverton (If outside city or town limits, write "RURAL" and name of township).
(c) Name of hospital or institution: Home. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME: CURRY-H-BROTHERS.
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: Married
6. (b) Name of husband or wife: Nettie M.
6. (c) Age of husband or wife if alive: 42 years
7. Birth date of deceased: March (Month) 18. (Day) 1882 (Year)

8. AGE: Years	Months	Days	If less than one day
58	6	14	hr. min.

9. Birthplace: Saverton (City, town, or county) Mo (State or foreign country)
10. Usual occupation: 0
11. Industry or business: 0

MOTHER FATHER
12. Name: Lewis Brother
13. Birthplace: (City, town, or county) Mo (State or foreign country)
14. Maiden name: Lucy Powell
15. Birthplace: (City, town, or county) Mo (State or foreign country)

16. (a) Informant: Clarence Brother
(b) Address: Saverton Mo
17. (a) Buried (Burial, cremation, or removal) (b) Date thereof: Oct 19 1940 (Month) (Day) (Year)
(c) Place: burial or cremation: Cemetary
18. (a) Signature of funeral director: James Allemeel
(b) Address: Hannibal Mo
19. (a) Oct 21 1940 (Date received local registrar) (b) Blanche Mizer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 2 1940 Mo hour minute
Medical Attention

21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: Probable Cause of Death Cerebral Hemorrhage
Due to:
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations:
Of autopsy:

Duration

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: Oct. 2, 1940.
(c) Where did injury occur? None (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: Clyde E. Willey (M. D. or other)
Address: Perry Mo, Ralls Co. Date signed 10/21/40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 11-40-2079
Date Filed NOV 8 1940

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 Michael J O'Donnell

Licensed Embalmer No. 3246

P. O. Address Hannibal 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.