

No. 2
4-13-40
-17-39
X23159

43236

State File No. _____

JAN 20 1941
Registration District No. _____

Primary Registration District No. 5762

Registrar's No. 165

1. PLACE OF DEATH: Mississippi
(a) County Mississippi
(b) City or town Rural-Tywapity township
(c) Name of hospital or institution: 4 1/2 mi. N. of Charleston, Mo.
(d) Length of stay: In hospital or institution 25 years
In this community 25 years

3. (a) PRINT FULL NAME Ellen Curry
(b) If veteran, name war X X X
(c) Social Security No. X X

4. Sex Female 5. Color or race Col.
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife George Curry
6. (c) Age of husband or wife if alive 79
7. Birth date of deceased October 10 1868

8. AGE: Years 72 Months 2 Days 4
If less than one day hr. _____ min. _____

9. Birthplace Scott County Missouri

10. Usual occupation House wife
11. Industry or business At home

12. Name Nel Sikes
13. Birthplace Not known
14. Maiden name Not known
15. Birthplace Not known

16. (a) Informant George Curry
(b) Address Rt. 2., Box 157-Charleston, Mo

17. (a) Burial (b) Date thereof 12-15-40
(c) Place: burial or cremation Oak Grove-Charleston

18. (a) Signature of funeral director Lair-Nunnelee Service
(b) Address Charleston, Missouri

19. (a) 12-14-40 (b) J. D. Vernon

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Mississippi
(c) City or town Rural
(d) Street No. 4 1/2 Mi. N. of Charleston, Mo.
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 14th.
year 1940 hour 5 minute 15 A.M.

21. I hereby certify that I attended the deceased from Dec 11 40 to Dec 14 1940
that I last saw ER alive on Dec 13 40
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage 3da
Due to hypertension
Due to _____

Other conditions 87.4
(Include pregnancy within 3 months of death)

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work _____ (Specify type of place)
Means of injury _____
23. Signature E. Ches Tolung (M. D. or other) _____
Address Charleston, Mo Date signed 12/11/40

Duration
D.K.
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

RECEIVED

District Health Officer No. 2

District File Number 141-64

Date Filed 1/10/41

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.....

Licensed Embalmer No.....

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, fact should be so stated above.