

Registration District No. 710

Primary Registration District No. 5939

Registrar's No.

1. PLACE OF DEATH

- (a) County Polk
 (b) City or town Pleasant Hope (Mooney Rural)
 (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 24 yrs _____ (Specify whether
 years, months or days) _____ 2

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Polk
 (c) City or town _____ (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 Nov. day 22
 year 1940 hour 10 minute P. M.
 21. I hereby certify that I attended the deceased from Nov. 21, 1940
 _____, 1940, to Nov. 22, 1940;
 that I last saw her alive on Nov. 22, 1940;
 and that death occurred on the date and hour stated above.
 Immediate cause of death Heart trouble ✓

Duration

- Due to _____
 Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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?
638 _____ (Specify type of place)
 While at work? _____ (e) Means of injury _____
 23. Signature W. E. Albright (M. D. or other) ✓
 Address Pleasant Hope Mo. Date signed _____

3. (a) PRINT FULL NAME

Lovina M. Curdy

3. (b) If veteran,

name war none

3. (c) Social Security

No. none

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married,
 divorced married
 6. (b) Name of husband or wife A. P. McCurdy 6. (c) Age of husband or wife if
 alive 81 years
 7. Birth date of deceased Sept 13 1861
 (Month) (Day) (Year)

8. AGE: Years 79 Months 2 Days 9 If less than one day
 hr. _____ min. _____

9. Birthplace Murphree Tenn
 (City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper 1

11. Industry or business House work 1

12. Name John Smith 9

13. Birthplace Tenn
 (City, town, or county) (State or foreign country)

14. Maiden name Martha Anselble

15. Birthplace unknown
 (City, town, or county) (State or foreign country)

16. (a) Informant A. P. McCurdy

- (b) Address Pleasant Hope, Mo

17. (a) Burial (b) Date thereof Nov. 24 1940
 (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation Pleasant Hope Cemetery

18. (a) Signature of funeral director Willard B. Ewin

- (b) Address Pleasant Hope, Mo

19. (a) Nov 26 40 (b) Estelle Benton
 (Data received local registrar) (Registrar's signature)

2992

RECEIVED

District Health Officer No. 7,

District File Number 1-41-6

Date Filed 1-2-41

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 *Arthur B. Brown*

Licensed Embalmer No. 3093

P. O. Address Baltimore, Md.

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 43272

Registration District No. 710

Primary Registration District No. 5939

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Polk
(b) City or town Mooney T.P.
(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 _____
years, months or days)

3. (a) PRINT FULL NAME Lovina McCurdy

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

4. Sex 7 5. Color or race w 6. (a) Single, widowed, married, divorced m

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

7. Birth date of deceased _____ (Month) _____ (Day) _____ (Year)

8. AGE: Years 79 Months 2 Days 9 If less than one day _____ hr _____ min.

9. Birthplace _____ (City, town, or county) _____ (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____ (City, town, or county) _____ (State or foreign country)

14. Maiden name _____

15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (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 Nov day 22
year 1976 hour _____ minute _____ M.

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

Immediate cause of death Heart trouble Duration _____
Mitrial Stenosis of
the Heart.

Due to _____
Other conditions _____ (Include pregnancy within 3 months of death) 92N

Major findings:
Of operations _____
Of autopsy _____

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) _____ (Means of injury)
23. Signature W. Albright (M. D. or other) ME
Address Pleasant Hope Date signed 2/30

SUPPLEMENTAL

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

MOTHER FATHER

S-43572