

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

JAN 23 1941  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **43977**  
Registrar's No. **17**

Registration District No. **793**

Primary Registration District No. **4474**

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

**1. PLACE OF DEATH:**  
(a) County Saline  
(b) City or town Blackburn  
(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 12 yr \_\_\_\_\_ (Specify whether  
years, months or days) 2

**3. (a) PRINT FULL NAME** Ruben CURRY  
**3. (b) If veteran,** name war \_\_\_\_\_ **3. (c) Social Security** No. \_\_\_\_\_

**4. Sex** m **5. Color or race** B **6. (a) Single, widowed, married,** divorced Widowed  
**6. (b) Name of husband or wife** unknown **6. (c) Age of husband or wife if** unknown **alive** \_\_\_\_\_ **years**  
**7. Birth date of deceased** nov - 18 - 1871  
(Month) (Day) (Year)

**8. AGE:** Years 69 Months 1 Days 13 If less than one day  
\_\_\_\_\_ hr. \_\_\_\_\_ min.

**9. Birthplace** Lafayette Co Mo  
(City, town, or county) (State or foreign country)

**10. Usual occupation** Farmer

**11. Industry or business** \_\_\_\_\_

**12. Name** manuel curry

**13. Birthplace** Lafayette Co Mo  
(City, town, or county) (State or foreign country)

**14. Maiden name** Cecelia curry

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

**16. (a) Informant** Blanch Jackson

**(b) Address** Perkins Okla

**17. (a)** Burial **(b) Date thereof** Jan - 3 - 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** Pleasant Grove Cem.

**18. (a) Signature of funeral director** Harry Heroldhager

**(b) Address** Marshall Mo

**19. (a)** Jan. 2. 1941 **(b)** Mattie Weesler  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State mo (b) County Saline  
(c) City or town Blackburn  
(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 Dec day 31  
year 1940 hour 11:10 minute A M.  
**21. I hereby certify that I attended the deceased from** Dec 29  
\_\_\_\_\_, 1940, to Dec 31, 1940,  
that I last saw him alive on Dec 30, 1940,  
and that death occurred on the date and hour stated above.

Immediate cause of death acute myocarditis Duration 10 days

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(include pregnancy within 3 months of death)

**PHYSICIAN**  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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?** at home  
While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

**23. Signature** L. S. James M.D. (M. D. or other) \_\_\_\_\_

**Address** Blackburn Mo Date signed 2-1-41

RECEIVED  
District Health Officer No. 8,  
Date Filed \_\_\_\_\_  
Index File Number 17-7-1

**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 Kenneth Jackson  
Licensed Embalmer No. 3954  
P. O. Address Clinton, 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.**