

ED MAR 19 1941

Registration District No. 50

Primary Registration District No. 5074

Registrar's No. 16

1. PLACE OF DEATH:

(a) County BATES-MT PLEASANT

(b) City or town RED #4 - BUTLER TWP.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1  
(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 YRS -  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo - (b) County BATES

(c) City or town RURAL - MT. PLEASANT TWP  
(If outside city or town limits, write "RURAL")

(d) Street No. R. 7 D # 4 - 0  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME HARRY DWIGHT CURRAN

8. (b) If veteran, name war X 8. (c) Social Security No. X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB day 22  
year 1941 hour 7 minute 45 AM

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife LURETTA DUNHAM - 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Nov - 16 - 1855  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov 1939 to Feb 22 1941  
that I last saw alive on Feb 22 1941  
and that death occurred on the date and hour stated above.

8. AGE: Years 85 Months 3 Days 6 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Myocarditis

Due to Chronic nephritis

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

10. Usual occupation RETIRED MERCHANT

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

11. Industry or business GENERAL STORE

12. Name MILLER CURRAN

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

14. Maiden name ELIZABETH SMITH

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

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

16. (a) Informant S. Brock

(b) Address BUTLER MO RED # 4

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof FEB - 24 1941  
(Month) (Day) (Year)

(c) Place: burial or cremation GARDEN CITY MO

18. (a) Signature of funeral director Booth Funeral Home

(b) Address BUTLER MO

19. (a) Feb 24 1941 (Date received local registrar) (b) Ma L. Culver (Registrar's signature)

(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? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_

(e) Means of injury \_\_\_\_\_

23. Signature H. J. Lathrop (M. D. or other) 2/21/41

Address Butler Mo Date signed \_\_\_\_\_

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

MOTHER FATHER

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 7,

District File Number 3-41-559

Date Filed 3-17-41

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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

*John J. Underwood*

Licensed Embalmer No. 3585

P. O. Address Butler, 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.