No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 15 1941

Registration District No. 919

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 9565
Registrar's No. 974

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

8
38

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Kansas City, (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3607 Summit / (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) 7 years

2. USUAL RESIDENCE OF DECEASED: 48 3 8
(a) State: Missouri (b) County: Jackson
(c) City or town: Kansas City (If outside city or town limits, write "RURAL")
(d) Street No.: 3607 Summit 0 (If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME: Mrs. Nell W. Curry
3. (b) If veteran, name war: No
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: William L. Curry
6. (c) Age of husband or wife if alive: 48 years
7. Birth date of deceased: June (Month) 9, (Day) 1898 (Year)

8. AGE: Years	Months	Days	If less than one day
42	8	29	____ hr. ____ min.

9. Birthplace: Kansas / (City, town, or county) (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business:
MOTHER FATHER
12. Name: Warren W. Woodson
13. Birthplace: / Virginia (City, town, or county) (State or foreign country)
14. Maiden name: Thomasine Cook
15. Birthplace: / Kansas (City, town, or county) (State or foreign country)
16. (a) Informant: William L. Curry
(b) Address: 3607 Summit
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3-10-1941 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Moriah
18. (a) Signature of funeral director: Freeman Mortuary
(b) Address: 104 West 42nd Street
19. (a) Mar 10 1941 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Mar. day: 8
year: 41 hour: 12 minute: 10 P.M.
21. I hereby certify that I attended the deceased from Mar. ____, 1936, to Mar. 8, 1941; that I last saw her alive on Mar. 7, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Metastatic cancer	4 yrs
Due to: Carcinoma of left Breast.	4 yrs
Due to:	
Other conditions (Include pregnancy within 3 months of death): Secondary anemia.	10 yrs

Major findings:
Of operations: Squamous cell Carcinoma
Of autopsy: no

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature: J. E. Schorn (M. D. or other) DO
Address: 243 Werby Bldg Date signed: 3-8-41
Kansas City

(Licensed Embalmer's Statement on Reverse Side)

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 Clarence W. Chilo

Licensed Embalmer No. 3473

P. O. Address K C Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.