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FILED JUL 18 1944

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

21810

State File No.

Registration District No. 398

Primary Registration District No. 3019

Registrar's No. 158

1. PLACE OF DEATH:

(a) County. JACKSON
(b) City or town. Independence, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
216 E WHITE OAK ST
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community All life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON
(c) City or town INDEPENDENCE, MO.
(If outside city or town limits, write "RURAL")
(d) Street No. 216 - E. WHITE OAK ST.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME TENA CURRIN

3. (b) If veteran, name war _____ 3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race NEGRO 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife NEALAN CURRIN 6. (c) Age of husband or wife if alive UNKNOWN years

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

8. AGE: Years Months Days If less than one day
ABOUT 39 YRS hr. min.

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

10. Usual occupation HOUSE WIFE

11. Industry or business _____

12. Name JOE LITTLE

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

14. Maiden name UNKNOWN

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

16. (a) Informant NEALAN CURRIN

(b) Address 216 E WHITE OAK ST.

17. (a) BURIAL (b) Date thereof 6-18-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation WOODLAWN CEM.

18. (a) Signature of funeral director C. E. DAVIS

(b) Address 312 E LEXINGTON ST.

19. (a) June 13-1944 (b) E. L. COOK, M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8
year 1941 hour 5:45 minute 45 M.

21. I hereby certify that I attended the deceased from April 26, 1944, to June 8, 1944;
that I last saw her alive on June 8, 1944;
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction 3 mo.

Due to nephritis l.h. 5 mo. 6 d.

Due to _____

Other conditions (Include pregnancy within 3 months of death) 12/8

Major findings: Of operations _____
Of autopsy _____

Duration

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? 360

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

23. Signature Samuel W. Griffin (M. D. or other) 0

Address 1124 21st. Lynnwood, Mo. Date signed 6/12/41

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

MOTHER FATHER

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

J. Harris Sr.

Licensed Embalmer No. *3388*

P. O. Address. *KC, 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, fact should be so stated above.