

**FILED SEP 12 1941**

Registration District No. **625-**

Primary Registration District No. **5827**

Registrar's No. **112**

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

1. PLACE OF DEATH

(a) County **Madaway**  
(b) City or town **Marionville**  
(c) Name of hospital or institution **No 1**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **No**  
In this community **No**  
years, months or days

3. (a) PRINT FULL NAME **Malcolm Paul Curran**

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

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

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

7. Birth date of deceased **June 24 1941**  
(Month) (Day) (Year)

8. AGE: Years **2** Months **6** Days \_\_\_\_\_ If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace **Marionville, Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

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

MOTHER FATHER { 12. Name **Paul W. Curran**

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

14. Maiden name **Blida Natruph**

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

16. (a) Informant **Paul W. Curran**  
(b) Address **Marionville, Mo. Rural**

17. (a) **Burial** (b) Date thereof **8-31-41**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Oak Hill**

18. (a) Signature of funeral director **Campbell Funeral Home**  
(b) Address **95 1/2 South Main Marionville, Mo.**  
19. (a) **Sept 2 41** (b) **Mamie E. Clark**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Madaway**  
(c) City or town **Marionville**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **"Rural"**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug** day **30**  
year **1941** hour **7** minute **15** M.

21. I hereby certify that I attended the deceased from **Birth** 19 \_\_\_\_\_ to **Aug 30** 19 **41**  
that I last saw him alive on **Aug 18** 19 **41**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Intestinal Infection**

Due to \_\_\_\_\_  
Due to **33B**

Other conditions **Pneumonia**  
(Include pregnancy within 5 months of death)

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

23. Signature **K. E. Curran** (M. D. or other) \_\_\_\_\_  
Date signed **Aug 31 1941**

Address **Marionville, Mo.**

**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**