

Registration District No. 399

Primary Registration District No. 1002

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:
326 Gladstone
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 30 Years / (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson 04.5
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 326 Gladstone
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mrs Viola Curry

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

4. Sex Fe. 5. Color or race White 6. (a) Single, widowed, married, divorced, Widow

6. (b) Name of husband or wife Ruben Curry 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept. 18, 1863
(Month) (Day) (Year)

8. AGE: Years 77 Months 11 Days 15 If less than one day hr. _____ min. _____

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

10. Usual occupation None

11. Industry or business _____

12. Name Johnathon Potts

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

14. Maiden name Miss Vandergriff

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

16. (a) Informant Mary Tilleson
(b) Address 326 Gladstone

17. (a) Burial (b) Date thereof Sept. 5, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington

18. (a) Signature of funeral director C. H. Blackman & Son, Inc

(b) Address 2825 Indep. Blvd., K. C. Mo.

19. (a) 9/4/41 (b) M. M. Crown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9.3.41 day _____ year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____ 19____; that I last saw him/her alive on _____ 19____; and that death occurred on the date and hour stated above.
Immediate cause of death: Acute & Chronic myocardial infarction
Obstruction left coronary artery
due to hemorrhage into atherosclerotic plaque

Duration _____

PHYSICIAN

Major findings:
Of operations _____
Of autopsy 94a

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) _____ (Specify type of place)
(Specify type of place) _____ (Specify type of place)

23. Signature M. M. Crown (M. D. or other) _____
Address K. C. Mo. Date signed _____

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

48
3
8

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..... *W.D. Blackman*

Licensed Embalmer No. *3639*

P. O. Address..... *K.C. 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.