S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41137

Registration District No. 2 10399 Primary Registration District No. 1002 Registrar's No. 4818

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

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: Lakesdie Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Day (Specify whether years, months or days) In this community 1 Day 0

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cedar 020 0

(c) City or town Eldorado Springs (If outside city or town limits, write "RURAL")

(d) Street No. R. R. # 5 (If rural, give location)

(e) If foreign born, how long in U. S. A.? ------ 1 years.

3. (a) PRINT FULL NAME Ida Bell Bland Curnutt

3. (b) If veteran, name war No

3. (c) Social Security No. 496-03-8563

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Mr. William Curnutt

6. (c) Age of husband or wife if alive ------ years

7. Birth date of deceased January (Month) 18 (Day) 1878 (Year)

8. AGE: Years 63 Months 11 Days 7 If less than one day ..... hr. ..... min.

9. Birthplace Cedar County (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Cook

11. Industry or business School House-Eldorado Springs Missouri

FATHER
12. Name George Bland
13. Birthplace Cedar County (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Mrs Opal Slavens
(b) Address 4325 Jackson

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 26, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Eldorado Springs, Mo.

18. (a) Signature of funeral director D. N. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd.

19. (a) 12-26-41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 25th year 1941 hour 7 minute 15 P. M.

21. I hereby certify that I attended the deceased from ..... 19..., to Crowe, 19...; that I last saw him alive on ..... 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Laceration & Hemorrhage, Brain

Due to Fall Down Stairs

Due to

Other conditions (Include pregnancy within 3 months of death) 186 a

Major findings:
Of operations 14

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) Accident
(b) Date of occurrence 12-25-41 123
(c) Where did injury occur? K C Jackson Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home Fall down Stairs (Specify type of place)
While at work? (e) Means of injury

23. Signature Russell Wagner (M. D. or other) 2
Address F C Mo Date signed

(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 H C Newcomer Jr

Licensed Embalmer No. 4043

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.