

FILED MAY 4 1942
Registration District No. 100

Primary Registration District No. 5553B

Registrar's No. 51

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Little Blue Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Jackson Co Home for aged 5
(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

3. (a) PRINT FULL NAME William CURRY

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex FE 3 5. Color or race NEGRO 6. (a) Single, widowed, married, divorced 7

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

7. Birth date of deceased June 10 1885
(Month) (Day) (Year)

8. AGE: Years 57 Months 5 Days 10 7 If less than one day hr. min.

9. Birthplace MEMPHIS TENN 1
(City, town, or county) (State or foreign country)

10. Usual occupation Domestic

11. Industry or business _____

MOTHER FATHER { 12. Name Dont Know 9

13. Birthplace Dont Know 9
(City, town, or county) (State or foreign country)

14. Maiden name Dont Know

15. Birthplace Dont Know 9
(City, town, or county) (State or foreign country)

16. (a) Informant Geo. W. Curry, Son

(b) Address 2917 Wasington

17. (a) Burial (b) Date thereof 4-20-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland K.C. Mo

18. (a) Signature of funeral director William + Greenstreet

(b) Address 1819 E 15th K.C. Mo

19. (a) 4-19-42 (b) S.M. Bohick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson

(c) City or town Little Blue Mo
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 17
year 1942 hour 9:30 minute _____ A.M.

21. I hereby certify that I attended the deceased from Jan 1 1942 to April 17 1942
that I last saw him alive on April 17 1942
and that death occurred on the date and hour stated above

Immediate cause of death arterio-sclerotic
insufficiency

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 92a

Major findings: Of operations _____

Of autopsy no

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 L.W. Booker (M. D. or other)

Address 2028 Olive Date signed 4/19/42

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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 Edo G. Evans

Licensed Embalmer No. 3876

P. O. Address 18146 15th St NW

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.