S. No. 2
—9-4
5-17-39
PI X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 13 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Dr. C. S. Allen.

State File No. 23789

Registration District No. 2325 Primary Registration District No. 5-0825-094 Registrar's No. 17

1. PLACE OF DEATH

(a) County Bates

(b) City or town OSAGE Twp. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Home of O.L. Graves RFD 3 Rich Hill (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community 3 days. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cedar. 20

(c) City or town Eldorado Springs #111 (If outside city or town limits, write "RURAL")

(d) Street No. Marshall St. (If rural, give location)

(e) Citizen of foreign country? — (Yes or No)

If yes, name country — 1

3. (a) PRINT FULL NAME Margaret Cordelia McCurdy.

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex F.

5. Color or race W

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife WILLIS McCURDY.

6. (c) Age of husband or wife if alive 31 years

7. Birth date of deceased JAN. (Month) 24 (Day) 1917 (Year)

8. AGE: Years 25 Months 5 Days 13 If less than one day hr. min.

9. Birthplace Council Bluffs (City, town, or county) Iowa. 1 (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business —

FATHER
12. Name OLSON LEE GRAVES
13. Birthplace OSCEOLA (City, town, or county) MO. 0 (State or foreign country)

MOTHER
14. Maiden name LENA MARTIN
15. Birthplace Near HOLDEN, MO 0 (City, town, or county) (State or foreign country)

16. (a) Informant O.L. Graves

(b) Address Rich Hill Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July. 9 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Eldora Sps. MO. Cem.

18. (a) Signature of funeral director Booth Funeral Serv.

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8 year 1942 hour 7 45 minute a M.

21. I hereby certify that I attended the deceased from July 7, 1942 to July 8, 1942 that I last saw h[illegible] alive on July 7, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Debility (Coma)

Due to Pyrexia of Neck

Due to Pregnancy (5 mo)

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

61

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature [illegible] Allen (M. D. or other)

Address [illegible] Date signed July 1 1942

(Licensed Embalmer's Statement on Reverse Side).

RECEIVED
District Health Officer No. 7
District File Number 8-42-897
Date Filed 8-10-42

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 John H Underwood

Licensed Embalmer No. 3585

P. O. Address Butler Ind.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

S. No. 2B
M—8-21-41
I X29288

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28789

Registration District No. 25 Primary Registration District No. 5094 Registrar's No.

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

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County Bates

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

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 3 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

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

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

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Margaret C McCurdy

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Willis

6. (c) Age of husband or wife if alive 31 years

7. Birth date of deceased Jan (Month) 24 (Day) 191 (Year)

8. AGE: Years 25 Months 5 Days 18 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

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

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address Claude J. Allen Thos

19. (a) July 21/42 (Date received local registrar) (b) Mrs. O. W. Farrow (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day
year 1942 hour minute M.

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

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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)
(b) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury

23. Signature (M. D. or other)
Address Date signed