

STANDARD CERTIFICATE OF DEATH

State File No. _____

REC AUG 10 1942

Registration District No. 347 352

Primary Registration District No. 4209

Registrar's No. 158

2000
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Henry

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

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 20 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED: 4209

(a) State Missouri (b) County Henry

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

(d) Street No. _____ (If rural, give location) 0

(e) If foreign born, how long in U. S. A.? 50 yrs years.

3. (a) PRINT FULL NAME Katherine Curvieux

3. (b) If veteran's name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12 1942
year _____ hour 11 minute 30 A.M.

4. Sex Female

5. Color of race White

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

(b) Name of husband or wife John Curvieux

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased Oct. 15 1860
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb 1 1938, to June 29 1942
that I last saw her alive on June 29 1942
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>81</u>	<u>8</u>	<u>17</u>	hr. _____ min. _____

Immediate cause of death Coronary occlusion

Due to _____

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

Due to arterio-sclerosis 4 yrs

10. Usual occupation Housewife

Other conditions (Include pregnancy within 3 months of death) _____

11. Industry or business _____

MOTHER FATHER { 12. Name Geo Medek

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

14. Maiden name Marg Schuber

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

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Ray Randolph

(b) Address Montrose, Mo

17. (a) Burial (b) Date thereof July 4 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Montrose

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? _____

18. (a) Signature of funeral director Welling Bus

(b) Address Montrose, Mo

19. (a) July 24 1942 (b) Georgia Kitchner
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury D

23. Signature W. E. Baggerly (M. D. or other) MD
Address Montrose Mo Date signed 7-24-42

RECEIVED

District Health Officer No. 7,

District File Number ~~8-7-42~~ 8-42-876

Date Filed 8-7-42

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 *MC*

Registered Apprentice No.

working under my personal supervision.

Signed

Frank Lee

Licensed Embalmer No. *1099*

P. O. Address *Appleton City, 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.