

FILED OCT 13 1942

Registration District No. 42

Primary Registration District No. 1800

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Buchanan  
(b) City or town Saint Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Missouri Methodist Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 hr. 10 minutes  
(Specify whether  
In this community 1 hr. 10 minutes  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Buchanan  
(c) City or town Saint Joseph  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1121 1/2 So. 10th. Street  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

William Leo Curley,

3. (b) If veteran, name war None,

3. (c) Social Security No. None.

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

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

7. Birth date of deceased September 17th, 1942  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day 1 hr. 10 min.

9. Birthplace Saint Joseph, Missouri,  
(City, town, or county) (State or foreign country)

10. Usual occupation Child

11. Industry or business \_\_\_\_\_

12. Name William Leo Curley,

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

14. Maiden name Mary Alice Sell,

15. Birthplace Saint Joseph, Missouri,  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Sadie Sell

(b) Address 1121 1/2 So. 10th. Street,

17. (a) Burial (b) Date thereof 9/18/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Jo. Mem. Park Cem.

18. (a) Signature of funeral director W. E. Beaton

(b) Address 319 So. 10th. Street, Kansas

19. (a) 9-18-42 (b) Rose Herzog  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September Day 17th.  
year 1942 hour 3:00 minute 40 p. M.

21. I hereby certify that I attended the deceased from Birth  
9-17- 1942 to 9-17- 1942  
that I last saw him alive on 9-17- 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Intra cranial injury -  
Due to Premature Del -

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 5 months of death)

Major findings: Of operations 159  
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)

(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 E. E. Wadlow (M. D.) or other \_\_\_\_\_

Address 620 Francis, St. Joseph Date signed 9-18-42

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

MOTHER, FATHER

1733

**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 Sept. 17, 42

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Wm. E. Summerfield

Licensed Embalmer No. 3007

P. O. Address 317 So. W. Joseph, 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.**