FILED MAR 11 1943

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

6270
Do not use this space.

36 4 0

1. PLACE OF DEATH
(a) County Franklin — Registration District No. 114 — 36
(b) Township Meramec — Primary Registration District No. 4186 — 4 0 — Registered No. 9
or
(c) City Sullivan, Mo — (d) Street No. 1 — St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Curra Alvin Rees
(a) Residence, No. Sullivan, Mo. St. 0
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 0
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) 1 Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ella Rees
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March, 17, 1885
7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
57	10	24	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pittsfield, ILL. 1

FATHER
13. NAME Charles Rees
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known 0

MOTHER
15. MAIDEN NAME Margaret Davis
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois 1

17. INFORMANT (ADDRESS) Ella Rees Sullivan,
18. BURIAL, CREMATION, OR REMOVAL
PLACE Sullivan, Mo. DATE Feb. 12th. 1943
19. FUNERAL DIRECTOR (NAME) (ADDRESS) J.T. Williams, Sullivan, Mo.
20. FILED 2/12 1943 Gilbert Gilhams
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 10th. 1943
22. I HEREBY CERTIFY, That I attended deceased from Feb. 10th. 1943 to Feb. 10th. 1943
I last saw him alive on Feb. 10 1943. Death is said to have occurred on the date stated above, at 4 P.M.? m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	

Other contributory causes of importance: 94 b

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) Samuel R. Harwood, M. D.
(Address) Sullivan Missouri

1121

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50M-9-10 I X16603

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 J. T. Williams

Licensed Embalmer No. 427

P. O. Address Sullivan, 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, above space should be left blank.