. S. No. 2
M—9-4-41
. 5-17-39
PI X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

6361

State File No.

FILED MAR 8 1943

Registration District No. 1426 Primary Registration District No. 5462 Registrar's No.

1. PLACE OF DEATH:
(a) County GREENE
(b) City or town SPRINGFIELD
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: R.F.D. # 5 / Franklin Twp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 70 YR. 6 MO. 15 DAYS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO. (b) County GREENE
(c) City or town SPRINGFIELD
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.D. #5 Franklin Twp
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME LORA G. McCURDY
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 WIDOWER
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased JULY (Month) 29 (Day) 1872 (Year)

8. AGE: Years 70 Months 6 Days 15 If less than one day hr. min.

9. Birthplace GREENE Co. (City, town, or county) MO. (State or foreign country)
10. Usual occupation FARMER
11. Industry or business FARMING.
MOTHER FATHER
12. Name GEORGE P. McCURDY
13. Birthplace UNKNOWN (City, town, or county) (State or foreign country)
14. Maiden name MARY JANE BERRY
15. Birthplace UNKNOWN (City, town, or county) (State or foreign country)
16. (a) Informant RAYMOND McCURDY
(b) Address SPRINGFIELD R#5 MO.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 16 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Comfort
18. (a) Signature of funeral director J. W. Klingner & Co.
(b) Address SPRINGFIELD MO.
19. (a) Feb 15, 43 (Date received local registrar) (b) Claire Adams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB. day 14th year 1943 hour 8 minute 25 P.M.
21. I hereby certify that I attended the deceased from 11-1, 1942 to 2-14, 1943 that I last saw him alive on 2-14, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cardio-Renal Vascular Lesion	1 yr.
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)
(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 Max Fitch (M. D. or other) MD
Address Springfield Mo Date signed 2-15-43

1250

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Greene County Health Office,
County File Number 43-3-18
Date Filed 3/4/43

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 B Klingner

Licensed Embalmer No. 3358

P. O. Address Springfield. 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.