

Registration District No. 175

Primary Registration District No. 5026

Registrar's No. 14

3000
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Atchison
(b) City or town Clark (Rural)
(c) Name of hospital or institution Clark Twp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ✓
In this community 6 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Atchison
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 5 miles S. W. of Fairfax, Mo.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME ALICE MAUDE CURRIER

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex Female 5. Color or race White 6. (g) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Oscar Currier 6. (c) Age of husband or wife if alive 5.5 years
7. Birth date of deceased April 4 1891
(Month) (Day) (Year)

8. AGE: Years 56 Months 0 Days 19 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business None

MOTHER FATHER
12. Name John Curtis
13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Maude M. Gregory
15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant W. M. Oscar Currier

(b) Address Fairfax, Mo.

17. (a) Rural (b) Date thereof 4/25/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation L.O.O. Cemetery, Craig, Mo.

18. (a) Signature of funeral director Charles F. ...

(b) Address Fairfax, Mo.

19. (a) April 27 1943 (b) Wm. H. D. Cunningham
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23
year 1943 hour 4:45 minute 8 M.

21. I hereby certify that I attended the deceased from April 23, 1943, to April 28, 1943;

that I last saw her alive on April 23, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia untreated - 5 days

Due to Chronic myocardial degeneration

Due to degeneration

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 10 9 11

Of autopsy _____

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) (a) Means of injury 3

23. Signature H. C. Bannan (M. D. or other) MD
Address Fairfax, Mo. Date signed 4-29-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 *Marvin H. Schaefer*

Licensed Embalmer No. *4162*

P. O. Address *Fairfax, 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.