

FILED

JUL 7 1943

Registration District No. 227

Primary Registration District No. 5804

1. PLACE OF DEATH:
 (a) County MONROE
 (b) City or town RURAL - JACKSON TWP.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
1 MI. S. OF PARIS
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 9 YRS
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State MISSOURI (b) County MONROE
 (c) City or town RURAL
(If outside city or town limits, write "RURAL")
 (d) Street No. 1 MI. S. OF PARIS
(If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country ✓

3. (a) PRINT FULL NAME JENNIE F. CURTRIGHT.
 3. (b) If veteran, name war ✓
 3. (c) Social Security No. —

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month JUNE day 25
 year 1943 hour 3 minute 30 A.M.
 21. I hereby certify that I attended the deceased from Aug 1942
 to June 25, 1943
 that I last saw her alive on June 25, 1943
 and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race WHITE
 6. (a) Single, widowed, married, divorced MARRIED
 6. (b) Name of husband or wife MARSH K. CURTRIGHT
 6. (c) Age of husband or wife if alive 74 years
 7. Birth date of deceased JULY 19, 1877
(Month) (Day) (Year)

Immediate cause of death Coronary Thrombosis
 Due to arteriosclerosis
 Duration 4 1/2

8. AGE: Years 65 Months 11 Days 6
 If less than one day hr. min.

Due to arteriosclerosis
 Other conditions (Include pregnancy within 3 months of death) 940

9. Birthplace MONROE CO., MO.
(City, town, or county) (State or foreign country)
 10. Usual occupation AT HOME

Major findings: Of operations 940
 Of autopsy —
 PHYSICIAN —
 Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business —
 12. Name GABRIEL FREEMAN
 13. Birthplace VA.
(City, town, or county) (State or foreign country)
 14. Maiden name ELIZABETH SHORT
 15. Birthplace N.Y.
(City, town, or county) (State or foreign country)

16. (a) Informant J. S. Curtright
 (b) Address PARIS, MO
 17. (a) BURIAL (b) Date thereof JUNE 27, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation WALNUT GROVE
 18. (a) Signature of funeral director Speed O'Blaney
 (b) Address PARIS, MO
 19. (a) JUNE 25, 1943 (b) Katherine Pongue
(Date received local registrar) (Registrar's signature)

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) (Means of injury)
 23. Signature W. A. Pongue (M. D. or other)
 Address PARIS, MO Date signed 6-25-43

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

DEC 4 1948

RECEIVED

District Health Officer No. 10

District File Number 7-43-1144

Date Filed JUL 6 1943

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.....

A. G. Blakey

Licensed Embalmer No.....

2616

P. O. Address.....

PARIS, 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.