

FILED FEB 11 1945
Registration District No. 11045

Primary Registration District No. 4115

Registrar's No.

1. PLACE OF DEATH:

(a) County Chariton
(b) City or town Triphlett MO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

3. (a) PRINT FULL NAME Mary Curren
3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex 7 5. Color or race Colored 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Arthur Curren 6. (c) Age of husband or wife if alive years
7. Birth date of deceased Oct. 27th, 1898
(Month) (Day) (Year)

8. AGE: Years 45 Months 2 Days 27 If less than one day
..... hr. min.

9. Birthplace Chariton Co. Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name Richard Bowman
13. Birthplace Mo
(City, town, or county) (State or foreign country)
14. Maiden name Louisa Tolson
15. Birthplace Chariton Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Arthur Curren
(b) Address Triphlett Mo

17. (a) Burial (b) Date thereof 1/26/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Triphlett
18. (a) Signature of funeral director G. L. Grier
(b) Address Mendon Mo

19. (a) Jan 26 1945 (b) G. L. Grier
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Chariton
(c) City or town Triphlett MO
(If outside city or town limits, write "RURAL")
(d) Street No.....
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or/No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN. day 23
year 1944 hour 10 minute 30 P.M.

21. I hereby certify that I attended the deceased from August, 19....., to....., 19.....; that I last saw him..... alive on....., 19....., and that death occurred on the date and hour stated above.

Immediate cause of death Acute parenchymatous nephritis
Due to Exposure to cold

Due to.....
Other conditions none
(Include pregnancy within 3 months of death)

Major findings: Of operations.....
Of autopsy.....

Duration

6 mos.

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)..... 021
(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 0

23. Signature Harry E. Burton (M. D. or other)
Address Brunswick, Mo Date signed 1-26-45

1024

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

RECEIVED
District Health Officer No. 8,
District File Number _____
Date Filed 2-9-44

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. L. Lipard
Licensed Embalmer No. 3970
P. O. Address Mendon MA

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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 68

Primary Registration District No. 4/15

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Chariton
(b) City or town Tripletts
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days (Specify whether _____)

3. (a) PRINT FULL NAME Mary Curran
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race C 6. (a) Single, widowed, married, divorced m

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

7. Birth date of deceased Oct. 27 1898
(Month) (Day) (Year)

8. AGE: Years 45 Months 2 Days _____ If less than one day, _____ min.

9. Birthplace _____ (City, town, or county) (State or foreign country) Mo.

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (g) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan Day 3 Year 1944 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19 _____ to _____ 19 _____

that I last saw him alive on _____ 19 _____ and that death occurred on the date and hour stated above.

Immediate cause of death acute parenchymatous nephritis
Le Mo's

Due to Exposure to cold
Probably influenza.

Due to prob. high chronic nephritis I do not know it.

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature _____ (M. D. or other)

Address _____ Date signed _____

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

SUPPLEMENTAL

FEB 25 1944

MAR 2 9 1944

2478