

V. S. No. 2  
100M-5-43  
Rev. 5-17-39  
I X36671

FILED JUL 11 1944

Registration District No. 209

Primary Registration District No. 3043

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

Norton

1. PLACE OF DEATH:

(a) County Marion

(b) City or town Hannibal  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution 201 Shepherd Place  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion 64

(c) City or town Hannibal 5  
(If outside city or town limits, write "RURAL") 4

(d) Street No. 201 Shepherd  
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Minnie Blanch Currier

3. (b) If veteran, name war No.

3. (c) Social Security No. No.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife John R.

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

7. Birth date of deceased April 6, 1971  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>73</u>	<u>1</u>	<u>18</u>	hr. min.

9. Birthplace Quincy Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation XX

11. Industry or business XX

MOTHER FATHER {

12. Name James E. Crew

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

14. Maiden name Eliza Jane Gray

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

16. (a) Informant Mrs. Beulah Currier

(b) Address Shepherd Place Hannibal

17. (a) Burial (b) Date thereof 5/26/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olivet

18. (a) Signature of funeral director Wm M Smith

(b) Address Hannibal Missouri

19. (a) 5-25-44 (b) R. W. Connor  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24  
year 1944 hour 7 minute 15 A. M.

21. I hereby certify that I attended the deceased from May - 21/44  
21 1944 to May 24 1944  
that I last saw him alive on May - 24 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion 3 days

Due to arteriosclerosis yes

Due to arteriosclerosis yes

Other conditions ---  
(Include pregnancy within 3 months of death)

Major findings: 61

Of autopsy 61

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 Wm M Smith (M. D. or other) 0  
Address Hannibal Mo Date signed 5-24-44

1146

no. 11.

**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

*George T. Bond*

Licensed Embalmer No. 24373

P. O. Address Hannibal Missouri

**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.**