

FILED JUL 24 1944
Registration District No. 149

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Research Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution since 11-11-43
(Specify whether as above)
In this community as above
years, months or days

2. USUAL RESIDENCE OF DECEASED:

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

999
28
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3. (a) PRINT FULL NAME Albert E. Curdy
3. (b) If veteran, name war no.
3. (c) Social Security No. no.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Unknown
6. (c) Age of husband or wife if alive x years
7. Birth date of deceased June 11 1864
(Month) (Day) (Year)

8. AGE: Years 80 Months 0 Days 28
If less than one day hr. _____ min. _____

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

10. Usual occupation Retired

11. Industry or business Teacher

MOTHER FATHER { 12. Name William W. Curdy
13. Birthplace New York
(City, town, or county) (State or foreign country)
14. Maiden name Helen Sackett
15. Birthplace New York
(City, town, or county) (State or foreign country)

16. (a) Informant Dr. R. J. Curdy

(b) Address 15 East 56th Ter., Kansas City, Mo.

17. (a) Removal (b) Date thereof 7-11-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Haven, Connecticut

18. (a) Signature of funeral director Stine & McClure

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 7-10-44 (b) T. S. Brown
(Date of local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9th
year 1944 hour 2:35 minute A. M. _____

21. I hereby certify that I attended the deceased from Oct 9 1943 to July 8 1944

that I last saw him alive on July 8 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

Due to Age

Due to 94a

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None

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) No

(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)
(c) Means of injury _____

23. Signature R. J. Curdy (M. D. or other) MS

Address Kansas City, Mo. Date signed _____

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

48338

Dr. R. J. Curdy *[Signature]*

Dr. Hollman Linn 2030
Shroch

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 *E. M. Plank*

Licensed Embalmer No. *1848*

P. O. Address *K. C. 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.