V. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 22 1944

Registration District No. 3974

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 31986

Primary Registration District No. 6276

Registrar's No.

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

1. PLACE OF DEATH:
(a) County North
(b) City or town Sheridan, Mo.
(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 1 (Specify whether
In this community 25 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County North
(c) City or town Sheridan Mo. (If outside city or town limits, write "RURAL") 117
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Elizabeth Curry
3. (b) If veteran, name war
3. (c) Social Security No. no

4. Sex F | 5. Color or race W | 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lewis W. Curry
6. (c) Age of husband or wife if alive 86 years

7. Birth date of deceased Dec. (Month) 16 (Day) 1857 (Year)

8. AGE: Years 86 | Months 7 | Days 24 | If less than one day hr. min.

9. Birthplace Elizabeth Town (City, town, or county) Ky. (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER
12. Name John Rogers
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Jenny Ann O'Neal
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant L. W. Curry
(b) Address Sheridan, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-12-44 (Month) (Day) (Year)
(c) Place: burial or cremation Allison Cem.

18. (a) Signature of funeral director A. C. Dunkle
(b) Address Grant City, Mo.

19. (a) Aug 12-1944 (Date received local registrar) (b) Aubrey Dodd (Registrar's signature)

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 10
year 1944 hour 1 minute 45 A.M.

21. I hereby certify that I attended the deceased from July 10 1944 to Aug 10 1944
that I last saw h. alive on Aug 5 1944
and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Hemiplegia with Paralysis | |
| Due to | |
| Due to | |
| 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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Egbert Crowson (M. D. or other) MD
Address Parnell, Mo. Date signed Aug 12 1944

(Licensed Embalmer's Statement on Reverse Side)

## 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..... Jack C. Dunfee

Licensed Embalmer No..... 3257

P. O. Address..... Grant City 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.**