No. 2
—8-43
5-17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 29 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42137

Registration District No. 2 — Primary Registration District No. 4412 — Registrar's No. 59

1. PLACE OF DEATH:
(a) County: Pike
(b) City or town: Curryville
(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: No (Specify whether years, months or days)
In this community: 60 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Pike 82
(c) City or town: Curryville (If outside city or town limits, write "RURAL") d
(d) Street No. d (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Anna Cash
3. (b) If veteran, name war: No
3. (c) Social Security No.
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Henry Cash
6. (c) Age of husband or wife if alive: 75 years
7. Birth date of deceased: April (Month) 6 (Day) - 1874 (Year)

8. AGE: Years	Months	Days	If less than one day
71	7	3	hr. min.

9. Birthplace: Near Curryville (City, town, or county) Mo (State or foreign country)
10. Usual occupation: at Home
11. Industry or business
FATHER 12. Name: J. W. Hawkins
FATHER 13. Birthplace: Near Bowling Green (City, town, or county) Mo (State or foreign country)
MOTHER 14. Maiden name: Rebecca Biggs
MOTHER 15. Birthplace: Near Curryville (City, town, or county) Mo (State or foreign country)
16. (a) Informant: Henry Cash
(b) Address: Curryville Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11-11-1945 (Month) (Day) (Year)
(c) Place: burial or cremation: Curryville Cem.
18. (a) Signature of funeral director: W. B. Elmore
(b) Address: Bowling Green
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 9th. year 1945 hour 12:30 minute P. M.
21. I hereby certify that I attended the deceased from Nov. 9th. 1945 to Nov. 9th. 1945; that I last saw he alive on Nov. 9, 1945 19..; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary occlusion.	
Due to —	
Due to —	
Other conditions — (Include pregnancy within 3 months of death)	

Major findings:
Of operations — 4 hr
Of autopsy Nil

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: J. B. Briggs, M.D. (M. D. or other)
Address: Bowling Green, Mo. Date signed 11/10/45

160W (Licensed Embalmer's Statement on Reverse Side)

OCT 25 1946

RECEIVED
District Health Officer No. 10
District File Number 12-45-1921
Date Filed DEC 20 1945

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 H. B. Elmore

Licensed Embalmer No. 3466

P. O. Address Bowling Green Mi

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

S. No. 2B
M—3-45
I X43880

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. Jan

Registration District No. 277 Primary Registration District No. 4412 Registrar's No. 59

1. PLACE OF DEATH:

(a) County Pike

(b) City or town Curryville
(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 years, months or days)
In this community

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

3. (a) PRINT FULL NAME Anna Cash

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

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 Apr (Month) 6 (Day) 1873 (Year)

8. AGE: Years 71 Months Days If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) 11-30-45 (Date received local registrar) (b) Bill Robinson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr Day
year 1945 hour minute M.

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

Immediate cause of death — Duration

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

23. Signature (M. D. or other)
Address Date signed

SUPPLEMENTARY

42137

OCT 25 1946