

S. No. 2  
M-2-43  
7-5-17-39  
P-1 X39697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **2727**  
Registrar's No. **84**

**FILED FEB 18 1946**

Registration District No. **128** Primary Registration District No. **2000**

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

7  
2  
6

651

**1. PLACE OF DEATH:**  
 (a) County Greene  
 (b) City or town Springfield  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
336 W. Brower  
(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** Jessie M. McCurdy  
 3. (b) If veteran, name war None  
 3. (c) Social Security No. None

4. Sex Female / 5. Color or race White  
 6. (a) Single, widowed, married, divorced Single  
 6. (b) Name of husband or wife None  
 6. (c) Age of husband or wife if alive XX years  
 7. Birth date of deceased August 1, 1886  
(Month) (Day) (Year)

**8. AGE:** Years 59 Months 5 Days 26  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Chief Clerk

11. Industry or business Probate Court.

**MOTHER FATHER**  
 12. Name William L. McCurdy  
 13. Birthplace Greene County Mo.  
(City, town, or county) (State or foreign country)  
 14. Maiden name Annette Lester  
 15. Birthplace Greene County Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Claude McCurdy

(b) Address Springfield, Mo.

17. (a) Burial (Burial, cremation, or removal)  
 (b) Date thereof 1-29-1946  
(Month) (Day) (Year)

(c) Place: burial or cremation Hazelwood Cem.

18. (a) Signature of funeral director J. H. Lindsey & Co.

(b) Address Springfield Mo.

19. (a) 1-29-46 (Date received local registrar)  
 (b) J. H. Lindsey (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Mo. (b) County Greene **39**  
 (c) City or town Springfield **2**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 336 West Brower **R**  
(If rural, give location)  
 (e) Citizen of foreign country? no **0**  
(Yes or No)  
 If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month January **27**  
 day \_\_\_\_\_  
 year 1946 hour 8:00 minute 00 **A. M.**

21. I hereby certify that I attended the deceased from \_\_\_\_\_  
unattended by physician \_\_\_\_\_  
 that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

Immediate cause of death probably coronary occlusion

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations ATC

Of autopsy \_\_\_\_\_

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. H. Lindsey **Local Registrar**  
(M. D. or other)

Address Springfield Mo. Date signed 1/29/46

NOV 7 1941

MAR 8 1946

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.....

Licensed Embalmer No. ....

P. O. Address.....

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.

x