S. No. 2
M—2-43
. 5-17-39
I X35897

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

652

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 11 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

2728

State File No.

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 99

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: 1838 North Grant Ave., 1
(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)

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 W. Brower St., 6
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME William L. McCurdy

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex male 0

5. Color or race white

6. (a) Single, widowed, married, divorced widower 2

6. (b) Name of husband or wife UNK.

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

7. Birth date of deceased June (Month) 7, (Day) 1864 (Year)

8. AGE: Years 81 Months 7 Days 24 If less than one day hr. min.

9. Birthplace Greene County (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Retired Real Estate Dealer

11. Industry or business Real Estate

FATHER
12. Name David F. McCurdy
13. Birthplace Bedford Co. (City, town, or county) Tenn. 1 (State or foreign country)

MOTHER
14. Maiden name Nancy Gurley
15. Birthplace UNK. (City, town, or county) AAlabama 1 (State or foreign country)

16. (a) Informant Claude McCurdy
(b) Address 1838 N. Grant Ave., SPFD., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 2, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Hazelwood Cem.

18. (a) Signature of funeral director J.W. Klingner & Co.
(b) Address Springfield Mo.

19. (a) 2-1-46 (Date received local registrar) (b) B. W. E. Hardy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 31 year 1946 hour 10 minute 30 A. M.

21. I hereby certify that I attended the deceased from 15 Jan, 1946 to 31 Jan, 1946; that I last saw him alive on 28 Jan, 1946; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardiac failure	
Due to Coronary Insufficiency	4 years
Due to Arterio-sclerosis	20 yrs
Other conditions Senility (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 R. Medwhite (M. D. or other) MD
Address Wrecknff Bldg Springfield Mo. Date signed 31 Jan 46

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(Licensed Embalmer's Statement on Reverse Side)

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.