

S. No. 2
M-543
7. 5-17-39
I X3657

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20218

State File No.

FILED JUL 10 1946

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2834

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution:
221 West 68th Street /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none (Specify whether
In this community 26 years
years, months or days)

3. (a) PRINT FULL NAME Frank M. CURRY

3. (b) If veteran, name war no. 3. (c) Social Security No. 486-03-3386

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Opal Curry
6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased January 3 1886
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
60 5 21 hr. min.

9. Birthplace Rich Hill Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business Lone Star Cement Corp.

12. Name Michael Curry

13. Birthplace Rich Hill Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Rosemary Wissmueller
(b) Address 3606 Troost, K.C., Mo.

17. (a) Burial (b) Date thereof 6-27-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Salvary Cemetery

18. (a) Signature of funeral director Melody-McGilley-Eyler
(b) Address 1800 E. Linwood Blvd.
19. (a) 6-26-46 (b) Sheldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 221 West 68th Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24, 1946
year 1946 hour 11 minute 15 P. M.

21. I hereby certify that I attended the deceased from Jan.
1st to June 24
that I last saw him alive on 24 June 46
and that death occurred on the date and hour stated above.

Immediate cause of death
Chronic Myocardial Insufficiency 6 yrs
Due to Myocardial Infarction 6 yrs
Due to Coronary Arteriosclerosis 6 yrs
Other conditions Generalized Atherosclerosis
(include pregnancy within 3 months of death)

Major findings: 94a
Of operations _____
Of autopsy Above

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? _____ (e) Means of injury _____
23. Signature Sheldine Holmes (Date) 26 June 46
Address St. Joseph Hospital

(Licensed Embalmer's Statement on Reverse Side)

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

19091

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 Russell N. France

Licensed Embalmer No. 4255

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.