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

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

22889

FILED AUG 8 1946

State File No.

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 260

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

1. PLACE OF DEATH:
(a) County Callaway
(b) City or town Fulton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution State Hosp #1 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Sept 20 1944 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Monroe 14
(c) City or town Paris 2
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Anna McCurran
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Fr 1
5. Color or race W
6. (a) ~~Single~~, widowed, ~~married~~, ~~divorced~~ widow 2
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May (Month) 6 (Day) 1870 (Year)

8. AGE: Years 76 Months 2 Days 8 If less than one day hr. min.

9. Birthplace Mo (City, town, or county) 0 (State or foreign country)
10. Usual occupation House wife
11. Industry or business
FATHER
12. Name John Halpin
13. Birthplace Ireland (City, town, or county) 4 (State or foreign country)
MOTHER
14. Maiden name Kate Conley
15. Birthplace Mo (City, town, or county) 0 (State or foreign country)
16. (a) Informant Record
(b) Address
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 24 July '46 (Month) (Day) (Year)
(c) Place: burial or cremation Indian Creek
18. (a) Signature of funeral director Wilson Funeral Home
(b) Address Monroe City, Mo.
19. (a) July 24-46 (Date received local registrar) (b) Josie Morsinkhoff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24 year 1946 hour 2 minute 0 M.
21. I hereby certify that I attended the deceased from 5-20-, 1946, to 7-24-, 1946 that I last saw him alive on 7-24-, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death chronic myocarditis arteriosclerosis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy
93d

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 K. E. Sherrill (M. D. or other)
Address Fulton Mo Date signed 7/24/46

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number 8-46-80
Date Filed 8-2-46

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. L D Russon

Licensed Embalmer No. 2555

P. O. Address. Fulton Ind

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.