

FILED NOV 12 1946  
189

Registration District No. 189

Primary Registration District No. 3038

Registrar's No. 113

1. PLACE OF DEATH:

(a) County Linn  
(b) City or town Breakfield  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 41 Yrs.  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn 58  
(c) City or town Breakfield 1  
(If outside city or town limits, write "RURAL") 2  
(d) Street No. 1003 1/2 No. Main 0  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Minnie Curran

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Wade Curran 6. (c) Age of husband or wife if alive 56 years  
7. Birth date of deceased Dec 19 1891  
(Month) (Day) (Year)

8. AGE: Years 54 Months 10 Days 8 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation At Home

11. Industry or business \_\_\_\_\_  
12. Name Edward Wilson Ohio 1  
13. Birthplace (City, town, or county) (State or foreign country)  
14. Maiden name Edna Harmon Ohio 1  
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant Wadey Curran

(b) Address Breakfield Mo  
17. (a) Burial (b) Date thereof Oct 29 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rose Hill Cemetery  
18. (a) Signature of funeral director Amey Boardman

(b) Address Breakfield Mo

19. (a) 10/29/46 (b) W. Berwin  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 27  
year 1946 hour 2 minute 17 M.

21. I hereby certify that I attended the deceased from 10-27, 1946 to 10-27, 1946  
that I last saw her alive on 10-27, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 2 hrs

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

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

Other conditions None  
(Include pregnancy within 3 months of death)

Major findings: Of operations None A4A  
Of autopsy None

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 F

23. Signature C. C. Smith (M. D. or other) D  
Address Breakfield Mo Date signed \_\_\_\_\_

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

2

35007

**DISTRICT HEALTH OFFICE  
Cameron, Mo.**

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**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 *Nomer Bowden*

Licensed Embalmer No. 3295-

P. O. Address *Brookfield 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.**