

Registration District No. 69

Primary Registration District No. 5271

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Christian

(b) City or town rural - Bogart No 2
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community all of life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Christian

(c) City or town rural
(If outside city or town limits, write "RURAL")

(d) Street No. Nixa, Route 1
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME James Nathanel Curbow.

3. (b) If veteran, name war _____

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 7th.
year 1946 hour 6 minute 35 p.m.

21. I hereby certify that I attended the deceased from Dec 5th
1946 to Dec 7 1946
that I last saw him alive on Dec 5 1946
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Nettie Curbow

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased Feb. 1, 1869
(Month) (Day) (Year)

Immediate cause of death Cancer of Prostate gland

Duration years

Due to _____

Due to _____

Other conditions: (Include pregnancy within 3 months of death) _____

8. AGE: Years Months Days If less than one day

77 10 6 hr. min.

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

10. Usual occupation farmer

11. Industry or business _____

MOTHER FATHER { 12. Name J.H. Curbow,

13. Birthplace Ill.
(City, town, or county) (State or foreign country)

14. Maiden name Susan Sanders

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: 510

Of operations _____

Of autopsy _____

16. (a) Informant Mrs. Nettie Curbow

(b) Address Nixa, Mo. R#1

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? _____

17. (a) burial (b) Date thereof Dec. 9, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Delaware Chapel

18. (a) Signature of funeral director T.W. Maples

(b) Address Clever, Mo.

While at work? _____ (Specify type of place)

(e) Means of injury 0

23. Signature J.H. Wade (M. D. _____)

Address Bogart Mo. Date signed 12-10-46

19. (a) Dec 10, 1946 (b) Aline Deere
(Date received local registrar) (Registrar's signature)

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

22
0
0

RECEIVED

District Health Officer No. 6

District File Number 147-83

Date Filed JAN 8 1947

JAN 15 1947

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.....

J. W. Maples

Licensed Embalmer No. 2985

P. O. Address. Clear 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.