

FILED DEC 31 1946
199

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. _____

1. PLACE OF DEATH:

(a) County JACKSON
(b) City or town KANSAS CITY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ST. JOSEPH'S HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 2 DAYS (Specify whether
In this community LIFE TIME years, months or days)

3. (a) PRINT FULL NAME MISS PAULINE M. CURRY
3. (b) If veteran, name war No. 3. (c) Social Security No. 495-07-5239

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced. SINGLE
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased MARCH 7 1893
(Month) (Day) (Year)

8. AGE: Years 53 Months 9 Days 12 If less than one day hr. _____ min. _____

9. Birthplace KANSAS CITY MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation STENOGRAPHER

11. Industry or business SCHOOLEY PRINTING STATIONERY

12. Name ANONZO E. CURRY

13. Birthplace CLAY COUNTY MISSOURI
(City, town, or county) (State or foreign country)

14. Maiden name M. INERVA S. CROFFETT

15. Birthplace CLAY COUNTY MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Madeline Gordan

(b) Address 36 29 South Benton

17. (a) BURIAL (b) Date thereof DEC. 31, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MT. WASHINGTON

18. (a) Signature of funeral director W. J. Newberry

(b) Address 140 Brush Creek Blvd.

19. (a) 12-21-46 (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. 3629 SOUTH BENTON
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 19
year 1946 hour 8 minute 40 A. M.

21. I hereby certify that I attended the deceased from Sept
1944 to Dec 19 1946
that I last saw her alive on Dec 13 1946
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Concomitant
bronchial pneumonia 2 days
Due to Cerebral accident 3 days

Due to Carcinoma of left ovary 3 years

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

Major findings: _____
Of operations vs alone
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 _____

23. Signature John T. Skinner (M. D. or other) MD

Address 1102 Grand St. PMU Date signed 12-19-46

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 Melvin Miller

Licensed Embalmer No. 4407

P. O. Address K.C., Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.