

FILED JUN 3 1947

Registration District No. \_\_\_\_\_

Primary Registration District No. 3074

1. PLACE OF DEATH:

(a) County Scott  
(b) City or town Sikeston  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 205 N. West  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 45 yrs years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Scott  
(c) City or town Sikeston  
(If outside city or town limits, write "RURAL")  
(d) Street No. 205 N. West St  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MARY ANN CURTNER

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

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife C.S. 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased March 15 1863  
(Month) (Day) (Year)

8. AGE: Years 84 Months 10 Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Polk Co (City, town, or county) Ill (State or foreign country)

10. Usual occupation at home

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Pete Bissom  
13. Birthplace Ill (City, town, or county) (State or foreign country)  
14. Maiden name D.K.  
15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Pearl Hutchison

(b) Address Sikeston MO

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/27/47 (Month) (Day) (Year)

(c) Place: burial or cremation Charleston MO

18. (a) Signature of funeral director Wesley T. Home

(b) Address Sikeston MO

19. (a) 5-28-47 (Date received local registrar) (b) Mrs. J. F. Henry (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25 year 1947 hour 1 minute 05 A.M.

21. I hereby certify that I attended the deceased from March 20 1947 to March 25 1947 that I last saw her alive on March 25 1947 and that death occurred on the date and hour stated above.

Immediate cause of death cc. influenza

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

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

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

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration

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 Thomas C. M. Clues M.D.

Address Sikeston MO Date signed 4-7-47

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

16  
2  
5

MSC  
19845

RECEIVED

District Health Office No. 17,

District File Number 547-28

Date filed 2-26-47

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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 Raymond Crews  
Licensed Embalmer No. 5K67  
P. O. Address Sitkton Me

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.