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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 14 1947

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 20038

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 108

**1. PLACE OF DEATH:**

(a) County Audrain

(b) City or town Mexico
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Audrain Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days (Specify whether years, months or days)

In this community 25 years

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Audrain 4

(c) City or town Mexico 1
(If outside city or town limits, write "RURAL")

(d) Street No. 703 S. Washington St. 2
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Tisdale E. Curry

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Margery Curry

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

7. Birth date of deceased December 2, 1875 (Month) (Day) (Year)

8. AGE: Years 71 Months 7 Days 2 If less than one day hr. min.

9. Birthplace Arbella, Missouri (City, town, or county) (State or foreign country) 0

10. Usual occupation Retired Operator

11. Industry or business Railroad

FATHER 12. Name Orville Curry 9

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

MOTHER 14. Maiden name Rachel Barnes Unknown 9

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

16. (a) Informant Harold Curry

(b) Address Mexico, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July, 6 47 (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood, Mexico, Mo.

18. (a) Signature of funeral director Earl T. Pitts

(b) Address Mexico, Mo.

19. (a) 7/6/47 (Date received local registrar) (b) Blanche Neff (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month July day 4 year 1947 hour 5 minute 15 A.M.

21. I hereby certify that I attended the deceased from June 29, 1947 to July 4, 1947, that I last saw him alive on July 3, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy — Duration 2 days

Due to arteriosclerosis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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) 0

While at work? (e) Means of injury

23. Signature R. S. Williams (M. D. or other) M.D.

Address Mexico, Mo. Date signed 7/5/47

(Licensed Embalmer's Statement on Reverse Side)

JUL 15 1947

JUL 14 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

Earl E. Precht, Registered Apprentice No.

working under my personal supervision.

Signed Earl E. Precht

Licensed Embalmer No. 3189

P. O. Address Mexico, 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.**