

S. No. 2
M-5-43
v. 5-17-39
I X38671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21754**
Registrar's No. **27**

FILED JUL 8 1947
Registration District No. **243**

Primary Registration District No. **4364**

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

1. PLACE OF DEATH:

(a) County Newton

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

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

(d) Length of stay: In hospital or institution 3 days (Specify whether in this community _____ years, months or days)

3. (a) PRINT FULL NAME Curtis Eldon Harrell

3. (b) If veteran, name war no

3. (c) Social Security No. Don't know

4. Sex Male 5. Color or race white

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

6. (b) Name of husband or wife Hazel Harrell

6. (c) Age of husband or wife if alive 21 years

7. Birth date of deceased Dec. 27 - 1918
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>28</u>	<u>5</u>	<u>4</u>	hr. min.

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

10. Usual occupation Farmer.

11. Industry or business _____

MOTHER FATHER

12. Name Chas A. Harrell

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

14. Maiden name Daisy J. Creason

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

16. (a) Informant Chas A. Harrell

(b) Address Exeter Mo. R.R.

17. (a) Burial (b) Date thereof 6-3-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Creason Cemetery

18. (a) Signature of funeral director Wheaton Funeral Home

(b) Address Wheaton Mo.

19. (a) 6-23-47 (b) Alpha Deyer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Barry

(c) City or town Exeter - Rural
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1
year 1947 hour 5:45 minute 9 M.

21. I hereby certify that I attended the deceased from May 28
1947 to June 1, 1947
that I last saw him alive on June 1, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Meningitis cerebral

Duration
<u>3</u>

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: 81A

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury 2

23. Signature E. Smith (M. D. or other) No

Address Wheaton Mo. Date signed 6-24-47

RECEIVED

District Health Officer No. Newton
District File Number 747-127
Date Filed 7-7-47

MAY 10 1949

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 G. E. Culver

Licensed Embalmer No. 3584

P. O. Address Cassville 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.

P.E.