

No. 2  
DOM-5-43  
Rev. 5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED AUG 6 1947

THE STATE BOARD OF HEALTH MISSOURI  
STANDARD CERTIFICATE OF DEATH

24484

State File No.

Registration District No. 146

Primary Registration District No. 5568

Registrar's No. 234

1. PLACE OF DEATH:  
 (a) County Jackson  
 (b) City or town Inter-City Rural (Blue)  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Home-1747 Laurel St  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution None  
(Specify whether years, months or days)  
 In this community 32 Years

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Jackson  
 (c) City or town Independence Mo. Rural  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 1747 Laurel-Inter-City  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Louisa Currier  
 3. (b) If veteran, name war No  
 3. (c) Social Security No. None

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month July day 27th, year 1947 hour 2 minute P. M.  
 21. I hereby certify that I attended the deceased from May 25, 1947 1947 to July 20 1947  
 that I last saw her alive on July 20 1947 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White  
 6. (a) Single, widowed, married, divorced Widow  
 6. (b) Name of husband or wife William Currier  
 6. (c) Age of husband or wife if alive deceased years  
 7. Birth date of deceased Sept. 4th, 1859  
(Month) (Day) (Year)

Immediate cause of death Cardiac failure (Cardiac decompensation)  
 Due to nephritis, cholecystitis  
 Due to Senility  
 Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
 Major findings: Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

8. AGE:	Years	Months	Days	If less than one day
	<u>87</u>	<u>10</u>	<u>23</u>	hr. min.

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

10. Usual occupation Housewife

11. Industry or business Home

12. Name William Smith

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

14. Maiden name Louella Glenn

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

16. (a) Informant Elizabeth Costlow  
 (b) Address 1747 Laurel St.

17. (a) Burial (b) Date thereof: 7/30/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington Cem

18. (a) Signature of funeral director Earp & Sons  
 (b) Address 4139 East 15th. St.

19. (a) 7-29-47 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

PHYSICIAN  
 Underline the cause to which death should be charged statistically.  
950

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? l  
 While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
 23. Signature R. H. Boyd (M. D. or other) DD  
 Address 9529 Van Horn Rd Date signed 7/28/47

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 19 1957

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.....  
Licensed Embalmer No. 2955  
P. O. Address. 19. C. M. D.

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.