

FILED NOV 8 1947/49
Registration District No.

Primary Registration District No. **1002**

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: **514 1/2 Main 1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **Do not know** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **MO** (b) County **Jackson 48**
(c) City or town **Kansas City 3**
(If outside city or town limits, write "RURAL")
(d) Street No. **514 1/2 Main 8**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **Raymond Curris**
3. (b) If veteran, name war **no**
3. (c) Social Security No. **none**

4. Sex **M** 5. Color or race **W**
6. (a) Single, widowed, married, divorced **Divorced**
6. (b) Name of husband or wife **unknown**
6. (c) Age of husband or wife if alive **11-16-1889** years
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years **57** Months **11** Days **9** If less than one day .hr. min.

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

10. Usual occupation **waiter**

11. Industry or business

12. Name **Wm Curris**

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

14. Maiden name **Duval**

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

16. (a) Informant **A. E. Winters**
(b) Address **821 Jefferson Topeka Mo**

17. (a) **Removal** (b) Date thereof **Oct. 29-47**
(Burial, cremation or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **MC CALVARY CKC**

18. (a) Signature of funeral director **PASSANTINO BROS**
(b) Address **217 INDEP. BLVD**

19. (a) **10-27-47** (b) **Heraldine Holmes**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **25**
year **1947** hour **5** minute **P.** M.

21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____; that I last saw him _____ alive on _____, 19____ and that death occurred on the date and hour stated above.

Immediate cause of death **Acute Alcoholism**

Due to _____

Due to _____

Other conditions **Acute Coronary**
(Specify previous illness 3 months or death)

Major findings: **History of Impaction**
Of operations _____

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)

While at work? _____ (Specify type of place)

23. Signature **Al C. Coker** (M. J. or other)
Address **2800 Main** Date dictated **10/26/47**

Duration
PHYSICIAN
Underline the cause of which death should be reported statistically.

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

MOTHER FATHER

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.....

F. S. Walters

Licensed Embalmer No.....

2744

P. O. Address.....

K. C. 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.