S. No. 2
M—8-43
. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 3 1947

Registration District No. 47

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 37319

Primary Registration District No. 5-175-

Registrar's No. 17

1. PLACE OF DEATH:

(a) County Camden

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

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location) 1

(d) Length of stay: In hospital or institution

In this community 59 yrs 10 months 20 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Camden 15

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. Near Branch Mo
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Bernetha Ivy Curnutt

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Walter Curnutt

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased Dec. (Month) 29 (Day) 1880 (Year)

8. AGE: Years 59 Months 10 Days 20 If less than one day hr. min.

9. Birthplace Mocks Creek (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation House Wife

11. Industry or business

FATHER

12. Name G. W. Russell 1

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

MOTHER

14. Maiden name Mary L. Phillips

15. Birthplace Camden County (City, town, or county) Mo 0 (State or foreign country)

16. (a) Informant Mr. Walter Curnutt

(b) Address Branch Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov-21-1947 (Month) (Day) (Year)

(c) Place: burial or cremation Hopewell Cemetery

18. (a) Signature of funeral director Vaughan-Reser

(b) Address Urbana, Mo

19. (a) 11-20-47 (Date received local registrar) (b) G. J. Myers M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 19 year 1947 hour 6 minute 30 P.M.

21. I hereby certify that I attended the deceased from Oct 18th 1947 to Nov 19th 1947 that I last saw he alive on Oct 17th 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis — Duration 7 mo

Due to

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)

While at work (e) Means of injury 0

23. Signature G. J. Myers (M. D. or other)

Address Mocks Creek Mo Date signed 11-20-47

(Licensed Embalmer's Statement on Reverse Side)

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 Glen D. Williams, Registered Apprentice No. 13, working under my personal supervision.

Signed Allen W. Vaughan

Licensed Embalmer No. 4156

P. O. Address Urbana, 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.

RECEIVED
District Health Officer No. 7,
District File Number 11-47-1340
Date Filed 12-2-47