—1/47
5-17-39

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

National Office of Vital Statistics

FILED NOV 21 1947

STANDARD CERTIFICATE OF DEATH

State File No. 37589

Registration District No. 107 | Primary Registration District No. 3019 | Registrar's No. 249

1. PLACE OF DEATH:
(a) County Dunklin
(b) City or town Kennett
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home 514 Anthoney
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 33 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Dunklin 35
(c) City or town Kennett 2
(If outside city or town limits, write "RURAL") 2
(d) Street No. 514 Anthoney
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Lula Allice Curtner
3. (b) If veteran, name war
3. (c) Social Security No. None
4. Sex Fem 1
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife H. L. Curtner Deceased
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased Feb (Month) 4 (Day) 1877 (Year)

8. AGE: Years 70 | Months 9 | Days 6 | If less than one day ..... hr. ..... min.

9. Birthplace Murray (City, town, or county) Ky. 1 (State or foreign country)
10. Usual occupation Housekeeper
11. Industry or business
FATHER
12. Name Robert Cook
13. Birthplace Don't Know (City, town, or county) Ky. 1 (State or foreign country)
MOTHER
14. Maiden name Don't Know
15. Birthplace Don't Know (City, town, or county) Ky. 1 (State or foreign country)
16. (a) Informant Fred Curtner
(b) Address 204 Carey St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-13-47 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Ridge Cem
18. (a) Signature of funeral director Leith Dervie
(b) Address Kennett Mo.
19. (a) 11-12-1947 (Date received local registrar) (b) Earl Husband (Registrar's signature) 90

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 10 year 1947 hour 7:40 minute P M.
21. I hereby certify that I attended the deceased from 11-10-47, 19..., to 11-10-47, 19...; that I last saw her alive on 11-10, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Angina Pectoris	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

94 P

PHYSICIAN
Underline the cause of 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? 0 (Specify type of place)
While at work? (e) Means of injury
23. Signature D. T. Dempsey (M. D. or other) MD
Address Kennett Mo Date signed 11-12-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 1147-1487
Date Filed 11-19-47

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 Edgar Lee Ford

Licensed Embalmer No. 1433

P. O. Address Kennett, 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.