

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18523

FILED MAY 24 1948

Registration District No. 214

Primary Registration District No. 4550

Registrar's No. 17

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

1. PLACE OF DEATH:
 (a) County Worth
 (b) City or town Sheridan
 (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)
 (d) Length of stay: In hospital or institution _____ (Specify whether _____)
 In this community 24 years
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Worth 113
 (c) City or town Sheridan 0
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location) 0
 (e) Citizen of foreign country? NO (Yes or No) 0
 If yes, name country _____

3. (a) PRINT FULL NAME Louis Wilson Curry
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____
 4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed
 6. (b) Name of husband or wife Elizabeth Rogers 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased September 22 1857
 (Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 4 day 29
 year 1948 hour 1:45 minute _____ A. M.
 21. I hereby certify that I attended the deceased from 4-25-48 to 4-29-48 1948
 that I last saw him alive on 7:00 a.m. 1948
 and that death occurred on the date and hour stated above.

8. AGE: Years 90 Months 7 Days 7 If less than one day _____ hr. _____ min.
 9. Birthplace Columbus Indiana
 (City, town, or county) (State or foreign country)

Immediate cause of death Metal reorganization of the heart
 Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Of operations 92B
 Of autopsy _____

10. Usual occupation Shaffer
 11. Industry or business Farming
 12. Name William Curry
 13. Birthplace Pennsylvania
 (City, town, or county) (State or foreign country)
 14. Maiden name Lavina Boll
 15. Birthplace unknown
 (City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs Eva Cooper
 (b) Address Sheridan, Mo.
 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-1-1948
 (Month) (Day) (Year)
 (c) Place: burial or cremation Allison Cemetery-Sheridan
 18. (a) Signature of funeral director Arch C Duffee
 (b) Address Grant City, Mo.
 19. (a) May 3-1948 (Date received local registrar) (b) Leta E. Dawson (Registrar's signature)

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 _____
 23. Signature L. P. Rose (M. D. or other) M.D.
 Address Sheridan, Mo. Date signed 5-29-48

DISTRICT HEALTH DEPARTMENT
COUNTY, MD

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..... *Arch C. Duffee*

Licensed Embalmer No. *3252*

P. O. Address *Front City, Md*

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.