

STANDARD CERTIFICATE OF DEATH

State File No. **22956**
Registrar's No. **152**

FILED JUL 24 1948
Registration District No. **3023**

Primary Registration District No. **3023**

1. PLACE OF DEATH:
(a) County **Henry**
(b) City or town **Clinton**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution **Wedge Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay. In hospital or institution **Life** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Clifford Ray Curnutt**
3. (b) If veteran, name war **-**
3. (c) Social Security No. **-**

4. Sex **M** 5. Color or race **W**
6. (a) Single, widowed, married, divorced **SINGLE**
6. (b) Name of husband or wife **NONE**
6. (c) Age of husband or wife if alive **-** years
7. Birth date of deceased **July 15 1948**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 0 0 10 hr. min.

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

10. Usual occupation **NONE**

11. Industry or business

12. Name **Homer Curnett**
13. Birthplace **Max Creek Mo**
(City, town, or county) (State or foreign country)
14. Maiden name **Alberta E. Hanson**
15. Birthplace **Max Creek Mo**
(City, town, or county) (State or foreign country)

16. (a) Informant **Homer Curnett**
(b) Address **Lecter Mo**

17. (a) **Max Creek Mo** (b) Date thereof **7-17-48**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Max Creek Cem.**

18. (a) Signature of funeral director **H. A. Branning**
(b) Address **Warrensburg Mo.**

19. (a) **7-15-48** (b) **H. A. Kennedy**
(Date received local registrar) (Registrar's signature)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **7** day **15**
year **48** hour **8** minute **9** M.

21. I hereby certify that I attended the deceased from **July 15**
19**48** to **July 15**, 19**48**.
that I last saw him alive on **July 15**, 19**48**.
and that death occurred on the date and hour stated above.

Immediate cause of death **Pneumonia**
with (Cerebral) because of pneumonia
Due to **Separation of placenta**
(Hemorrhage)
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations **15**
Of autopsy

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?
While at work? (Specify type of place) (e) Means of injury **7**

23. Signature **George M. Smith** (M. D. or other)
Address **Clinton Mo** Date signed **7-16-48**

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

MOTHER FATHER

RECEIVED

District Health Officer No. 7,

District File Number 8416

Date Filed 7-23-48

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

RA Branninger

Licensed Embalmer No. 3377

P. O. Address Warrensburg,

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.