

FILED DEC 2 1948

Registration District No. 1948

Primary Registration District No. 5439

Registrar's No. 12

1. PLACE OF DEATH

(a) County Gassaway (Cassam)
(b) City or town Rosebud Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 72
(Specify whether years, months or days)

3. (a) PRINT FULL NAME

Peter D. Curnio
(b) If veteran, no
name war no
(c) Social Security No. no

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
(b) Name of husband or wife Jane Curnio 6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased Jan 26 1876
(Month) (Day) (Year)

8. AGE: Years 72 Months 10 Days 1 If less than one day hr. 4 min. 0

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

10. Usual occupation farmer

11. Industry or business

12. Name Marion Curnio

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

14. Maiden name Marjorie Phillips

15. Birthplace Champion City Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Edward Curnio

(b) Address Rosebud, Mo.

17. (a) Burial (b) Date thereof 11-3-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation First Church, Walnut

18. (a) Signature of funeral director James E. Meyer

(b) Address St. Louis Mo

19. (a) Nov 27, 1948 (b) Edward Curnio
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Gassaway
(c) City or town Rosebud Rural
(If outside city or town limits, write "RURAL")
(d) Street No. None
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 27
year 1948 hour 6 minute 10 P.M.

21. I hereby certify that I attended the deceased from Nov. 27 1948 to Nov. 27 1948
that I last saw him alive on Nov. 27 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Heart pneumonia 3 da

Due to 108

Due to 108

Other condition Acute typhoid pneumonia 8 da
(Include pregnancy within 3 months of death)

Major findings: No operation

Of autopsy No 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? (Specify type of place)

While at work? (e) Means of injury

23. Signature J. L. Matthews (M. D. or other)

Address Beaufort, Mo. Date signed 11/29/48

RECEIVED
District Health Officer No. 9,
District of Columbia
Date DEC 1 1948

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 _____
Stanley E. Meyer Registered Apprentice No. *209*
working under my personal supervision.

Signed

Earl C. Lister

Licensed Embalmer No.

3385

P. O. Address

New Haven Conn

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.