DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 29 1948

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 37515

Registration District No. 251 Primary Registration District No. 5853 Registrar's No. 274

**1. PLACE OF DEATH:**

(a) County Nodaway

(b) City or town Maryville - rural pop

(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 years, months or days)

In this community

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Nodaway 74

(c) City or town Maryville - rural

(If outside city or town limits, write "RURAL")

(d) Street No. /

(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Mary Elizabeth Curram

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife deceased

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

7. Birth date of deceased March (Month) 30 (Day) 1868 (Year)

8. AGE: Years 80 Months 7 Days 15 If less than one day hr. min.

9. Birthplace Ryerson Station (City, town, or county) Penn (State or foreign country)

10. Usual occupation housewife

11. Industry or business

MOTHER FATHER

12. Name James M. Graham

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

14. Maiden name Lavina McCracken

15. Birthplace ✓ (City, town, or county) Penn. (State or foreign country)

16. (a) Informant Paul Curram

(b) Address Maryville - Mo

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

(c) Place: burial or cremation Oak Hill Cem - Maryville

18. (a) Signature of funeral director J. M. Alsman

(b) Address Maryville Mo

19. (a) 11-20-48 (Date received local registrar) (b) [illegible] (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Nov. day 15 year 1948 hour 8 minute 30 P.M.

21. I hereby certify that I attended the deceased from Nov 11 1948, to Nov 15 1948, that I last saw her alive on Nov 15 1948, and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia — Duration 2 days

Due to

Due to Carbon Monoxide Poisoning

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

23. Signature R. G. Garten (M. D. or other) MD

Address Maryville Mo Date signed 11-16-48

(Licensed Embalmer's Statement on Reverse Side)

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

DISTRICT HEALTH OFFICE
Cameron, Mo.

## 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 Laurence J. Thompson, Registered Apprentice No. 266 working under my personal supervision.

Signed G. M. Atchinson

Licensed Embalmer No. 2279

P. O. Address Maryville, 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.**