

Registration District No. 02

Primary Registration District No. 4144

1. PLACE OF DEATH:

(a) County Cooper  
(b) City or town Pilot Grove  
(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: none  
(Specify whether)  
In this community 13 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper  
(c) City or town Pilot Grove  
(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 CURRY-DAVID-BROWNFIELD

3. (b) If veteran, name war no  
3. (c) Social Security No. no

4. Sex M (D) 5. Color or race W  
6. (a) Single, widowed, married divorced

6. (b) Name of husband or wife Deceased  
6. (c) Age of husband or wife if alive - years

7. Birth date of deceased Aug-3-1975  
(Month) (Day) (Year)

8. AGE: Years 73 Months 4 Days 11  
If less than one day hr. min.

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

10. Usual occupation Farmer & Stockman

11. Industry or business Same

12. Name David Brownfield

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

14. Maiden name Christina Schupp

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

16. (a) Informant J. Brownfield

(b) Address Pilot Grove Mo.

17. (a) Burial (b) Date thereof 12-17-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pilot Grove Mo.

18. (a) Signature of funeral director Hays-Panther

(b) Address Pilot Grove Mo.

19. (a) 12-15-1948 (b) De Cooper  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 14  
year 1948 hour 7 minute - A.M.

21. I hereby certify that I attended the deceased from December 1, 1948 to Dec. 14, 1948.

that I last saw him alive on 12/13 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Failure, Acute - Duration

Due to Hypertensive Ht. Disease Acute De compensation

Due to \_\_\_\_\_

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations 935

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(c) Means of injury \_\_\_\_\_

23. Signature St. Humphrey (M. D. or other) MD  
Address P.O. Box 1000 Date signed 12/15/48

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 12-29-48

JAN 1 1949

JAN 8 1949

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by myself, or by \_\_\_\_\_

\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_,  
working under my personal supervision.

Signed \_\_\_\_\_

*Rayton E. Hays*

Licensed Embalmer No. 3074

P. O. Address Pilot Grove, 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.