. No. 300
1—10-47
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I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED DEC 29 1948
Registration District No. 749

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 40086
Registrar's No. 5106

1. PLACE OF DEATH:

(a) County JACKSON
(b) City or town KANSAS CITY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 15 E 56TH TERR
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution X (Specify whether
In this community 49 YRS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County JACKSON 48
(c) City or town K. C.
(If outside city or town limits, write "RURAL")
(d) Street No. 15 E 56TH TERR.
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ROBERT J. CURDY
3. (b) If veteran, name war X
3. (c) Social Security No. X
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife ANNE HALL CURDY
6. (c) Age of husband or wife if alive ? years
7. Birth date of deceased JAN (Month) 25 (Day) 1868 (Year)

8. AGE:	Years	Months	Days	If less than one day
	80	10	20	hr. min.

9. Birthplace KANS. (City, town, or county) (State or foreign country)
10. Usual occupation EYE SPECIALIST
11. Industry or business
FATHER
12. Name WM. M. CURDY
13. Birthplace N.Y. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name HELEN SACKETT
15. Birthplace N.Y. (City, town, or county) (State or foreign country)
16. (a) Informant ANNE H. CURDY
(b) Address 15 E 56TH TERR.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 12 (Month) 18 (Day) 48 (Year)
(c) Place: burial or cremation FOREST HILL
18. (a) Signature of funeral director STINE & McCLURE
(b) Address K. C. Mo
19. (a) 12-16-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 15
year 1948 hour 8 minute 30 A.M.
21. I hereby certify that I attended the deceased from Sept. 1945, to Dec 15, 1948;
that I last saw him alive on Dec 7, 1948;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral hemorrhage	2 hrs.
Due to Hypertension and Arteriosclerosis.	7 yrs or more
Due to	
Other conditions — (Include pregnancy within 3 months of death)	
Major findings: Of operations — 0	
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?
William F. Sanders (Specify type of place) 0
While at work? — (e) Means of injury
23. Signature William F. Sanders (M. D. or other)
Address 20 Professional Bldg. Date signed 12/15/48

(Licensed Embalmer's Statement on Reverse Side) K.C. 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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Robert W Reed

Licensed Embalmer No. 3145

P. O. Address K. C. 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.