

FILED NOV 8 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34407**
Registrar's No. **370**

BIRTH NO. _____ REG. DIST. NO. **209** PRIMARY REG. DIST. NO. **3042**

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY MONROE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN HANNIGA		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, JEFFERSON TOWNSHIP	
c. LENGTH OF STAY (in this place) 1 WEEK		d. STREET ADDRESS (If rural, give location) Stoutsville Mo R2	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST ELIZABETH HOSPT.			
3. NAME OF DECEASED a. (First) MARGARET		b. (Middle) LENOA	
c. (Last) McCURRAN		4. DATE OF DEATH (Month) (Day) (Year) Oct. 30. 1949	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH NOVEMBER 17 1899
9. AGE (In years last birthday) 49	IF UNDER 1 YEAR Months 11 Days 13	IF UNDER 14 HRS. Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Adam County, Illinois	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME PEARL BEVELL	13b. MOTHER'S MAIDEN NAME Emily Shirley	14. NAME OF HUSBAND OR WIFE Robert Hugh McCURRAN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS R.H. McCurran Stoutsville Mo 92	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Lymphatic Tuberculosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Secondary Anemia DUE TO (c) Pulmonary Effusion Right Lung II. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 4:30 a.m. , from the causes and on the date stated above.			
23a. SIGNATURE Luc Landwehr (Degree or title)		23b. ADDRESS 1007 Bolway	23c. DATE SIGNED 11/2/49
24a. BURIAL, CREMATION, REMOVAL (Specify) Rural	24b. DATE 11-2-49	24c. NAME OF CEMETERY OR CREMATORY ST ANDREWS CEMETERY	24d. LOCATION (City, town, or county) (State) Stoutsville Mo
DATE REC'D BY LOCAL REG. 11-2-49	REGISTRAR'S SIGNATURE Dr. E.M. Lucke Deputy	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wilson & Sons Monroe City Mo	

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

MAR 4 1958

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 ~~me~~ _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Leslie L. Wilson

Licensed Embalmer No. 3014

P. O. Address Monroe City, 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.