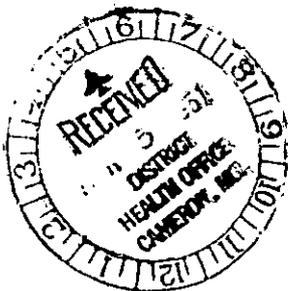


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WRITE PLAINLY—USING FADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <u>71</u>		PRIMARY REG. DIST. NO. <u>3012</u>		Registrar's No. <u>33</u>			
1. PLACE OF DEATH a. COUNTY <u>Clay</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Nebraska</u> b. COUNTY <u>Nuckolls</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Excelsior Springs, Mo.</u>			c. LENGTH OF STAY (In this place) <u>7 mo. 7 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Nelson</u>			<u>826.0</u>		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR VETERANS ADMINISTRATION HOSP. INSTITUTION <u>Excelsior Springs, Missouri</u>				d. STREET ADDRESS (If rural, give location) <u>8</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Gene</u>			b. (Middle) <u>A.</u>		c. (Last) <u>Curry</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 15, 1951.</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>April 11, 1921</u>	9. AGE (In years last birthday) <u>29</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Electrician</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>R.E.A. office</u>		11. BIRTHPLACE (State or foreign country) <u>Burchard, Nebraska</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Olan W. Curry</u>			13b. MOTHER'S MAIDEN NAME <u>Bessie M. Heiserman</u>		14. NAME OF HUSBAND OR WIFE <u>Hope Curry</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes World War II</u>			16. SOCIAL SECURITY NO. <u>505226085</u>		17. INFORMANT'S SIGNATURE, OR NAME AND ADDRESS <u>Hospital Records, Veterans Administration Hospital, Excelsior Springs, Mo.</u>				
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Postoperative inspiratory insufficiency</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pulmonary tuberculosis, active far advanced, with giant cavity</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>002X</u>						INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u> <u>5 years</u>	
19a. DATE OF OPERATION <u>Mar. 8, 1951</u>		19b. MAJOR FINDINGS OF OPERATION <u>Pulmonary tuberculosis, far advanced, with giant cavity right upper lobe</u>					20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>---</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>---</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>---</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>---</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>---</u>					
22. I hereby certify that I attended the deceased from <u>Aug. 8, 1950</u> , to <u>Mar 15, 1951</u> , and that death occurred at <u>10:11am.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>I. M. WARD</u>				23b. ADDRESS <u>Excelsior Springs Mo.</u>		23c. DATE SIGNED <u>3-15-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Mar 15-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Liberty Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Liberty Neb.</u>				
DATE REC'D BY LOCAL REG. <u>3/15/51</u>		REGISTRAR'S SIGNATURE <u>Baseline Hutchings</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Hope Funeral Home Excelsior Springs Mo</u>					



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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed James A. Moles

Licensed Embalmer No. 3206

P. O. Address Ex Springs, Mass.

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.