

160 AUG 18 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

26070  
Do not use this space.

1. PLACE OF DEATH

(a) County Lazarette Registration District No. 461  
(b) Township Lazarette Primary Registration District No. 3024 Registered No. \_\_\_\_\_  
(c) City Lazarette (d) Street No. \_\_\_\_\_ (If death occurred in Hospital or Institution, write its name instead of street and number) St. \_\_\_\_\_  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 560 Chester Conway St.  (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 7-1881  
7. AGE YEARS 58 MONTHS 5 DAYS 21 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Coll. mnr  
9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_  
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Higginsville  
13. NAME Mages Curry  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) don't know  
15. MAIDEN NAME Airnie Jackson  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lazarette  
17. INFORMANT (ADDRESS) Laura E. Green  
18. BURIAL, CREMATION, OR REMOVAL PLACE Higginsville, Mo. DATE July 30  
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Mrs. M. J. Stuck  
Lexington, Mo.  
20. FILED Aug 1 1939 Delia Bates Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 28th 1939  
22. I HEREBY CERTIFY, That I attended deceased from June 15th 1939 to July 28th 1939  
I last saw him alive on July 28th 1939 Death is said to have occurred on the date stated above, at 9 A. M.  
The principal cause of death and related causes of importance were as follows:  
Diabetes Mellitis during of disease about 54 years  
Gangrene of genitals 7-2-39  
Other contributory causes of importance:  
Name of operation None Date of None  
What test confirmed diagnosis? Benedict's Was there an autopsy? No  
23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? No Date of injury: XXXXXX  
Where did injury occur? None (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.  
Manner of injury XXXXXXX  
Nature of injury None  
24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify: XXXXXXX  
(Signed) D. Ball, M. D.  
(Address) Lexington, Mo.

RECEIVED  
District Health Officer No. 8,  
-----  
File Number  
-----  
8/11/39  
Filed

**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.....

*L. P. Harris, Sr.*  
.....  
Licensed Embalmer No. *3388*

P. O. Address.....

**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, above space should be left blank.**