

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 1784

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: 3500 Montgall
(d) Length of stay: In hospital or institution no.
In this community all her life.

3. (a) PRINT FULL NAME Mrs. Clara Sylvia Curl, 640

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Dr. M. L. Curl 6. (c) Age of husband or wife if alive dec. years

7. Birth date of deceased September 24 1854
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
85 7 2 hr. min.

9. Birthplace Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business X

12. Name Reuben Foster

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

14. Maiden name Lucia Maria Huse

15. Birthplace Vermont
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ruth Q. McMillen

(b) Address 3500 Montgall, Kansas City, Mo.

17. (a) Burial (b) Date thereof 4-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Louisiana, Mo.

18. (a) Signature of funeral director Stine & McClure

(b) Address 3235 Gillham Plaza, E. C. Mo.

19. (a) April 28, 1940 (b) M. M. Browne
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(d) Street No. 3500 Montgall
(e) If foreign born, how long in U. S. A.? No. years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26,
year 1940 hour 11:40 minute A. M.

21. I hereby certify that I attended the deceased from 4-15-40 to 4-26-40

that I last saw her alive on 4-26-40, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 2 hrs

Due to arterio sclerosis ?

Due to hypostatic pneumonia ?

Other conditions Hypostatic pneumonia
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy none

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?
(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 Prof. Frank M.D. (M. D. or other)
Address 814 Prof Bldg Date signed 4-27-40

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

MOTHER FATHER

Dr. Paul Frick



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 _____

Licensed Embalmer No. 1415

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, above space should be left blank.