

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **39529**

REC'D DEC 14 1940

Registration District No. **710**

Primary Registration District No. **5939**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Polk**
(b) City or town **Pleasant Hope Rural moony**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community _____ years, months or days) **24 yrs.** (Specify whether **2**)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Polk**
(c) City or town **Pleasant Hope**
(If outside city or town limits, write "RURAL")
(d) Street No. **0** (If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **22**
year **1940** hour **10** minute **P.** M.
21. I hereby certify that I attended the deceased from **Nov 22** 1940 to **Nov 22** 1940
that I last saw him **W** alive on **Nov 22** 1940
and that death occurred on the date and hour stated above.

Immediate cause of death **Mitral regurgitation of the heart.**
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) **92W**

Major findings: Of operations _____

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? **638**
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **W. C. Albright** (M. D. or other) **!**
Address **Pleasant Hope, Mo.** Date signed **Nov 25, 1940**

8. (a) PRINT FULL NAME **Juliana M. Curdy**

8. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **R. P. M. Curdy** 6. (c) Age of husband or wife if alive **81** years

7. Birth date of deceased **Sept. 13, 1861**
(Month) (Day) (Year)

8. AGE: Years **79** Months **2** Days **9** If less than one day hr. _____ min. _____

9. Birthplace **Murphyboro Tenn.**
(City, town, or county) (State or foreign country)

10. Usual occupation **House Keeper**

11. Industry or business **House Work**

12. Name **John Smith**

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

14. Maiden name **W. M. Arpuchelle**

15. Birthplace **Ill. Knoxville**
(City, town, or county) (State or foreign country)

16. (a) Informant **R. P. M. Curdy**

(b) Address **Pleasant Hope Mo.**

17. (a) **Burial** (b) Date thereof **Nov. 24, 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Pleasant Hope, Mo.**

18. (a) Signature of funeral director **W. C. Albright**

(b) Address **Pleasant Hope Mo.**

19. (a) **Nov 23** (b) **Eselle Benton**
(Date received local registrar) (Registrar's signature)

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

RECEIVED

District Health Officer No. 7,

District File Number 12-40-1734

Date Filed 12-9-40

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 _____

_____ *Personally* _____, Registered Apprentice No. _____
working under my personal supervision.

Signed

Willard B. Erwin

Licensed Embalmer No. 3092

P. O. Address Baltimore, Md.

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.