

No. 2
1-10-39
1-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

42130

State File No. _____

JAN 13 1941

Registration District No. 165

Primary Registration District No. 5231

Registrar's No. 51

1. PLACE OF DEATH:

(a) County Cedar
(b) City or town Stockton, Linn Rural
(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 Most of Life
years, months or days 2

3. (a) PRINT FULL NAME Jake Austin Curl

3. (b) If veteran, name war _____ 3. (c) Social Security No. 1

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

6. (b) Name of husband or wife Della Curl 6. (c) Age of husband or wife if alive 36 years

7. Birth date of deceased August 15 1879
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
61 3 19 hr. min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Tom Curl

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

14. Maiden name Margaret Dixon

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

16. (a) Informant Mrs Charley Spencer

(b) Address Stockton, Missouri

17. (a) Burial (b) Date thereof 12-5-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stockton, Missouri

18. (a) Signature of funeral director W. B. Davis & Co

(b) Address Stockton, Mo.

19. (a) Dec 6-40 (b) Mrs Minnie Carleton
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 4
year 1940 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from June 8, 1940
1940 to December 27 1940
that I last saw him alive on December 3 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocardial degeneration

Due to Cancer of stomach ?

Due to _____

Other conditions: (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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? _____

While at work? 9 25 (Specify type of place) (a) Means of injury _____

23. Signature Bernard C. Adler (M. D. or other) M.D.

Address Stockton, Mo. Date signed 12-4-40

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

MOTHER FATHER

Duration

6 mo.

4 mo.

PHYSICIAN

Underline the cause to which death should be charged statistically.

Not Embalmed

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.....

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.