

No. 2
-13-40
-17-39
X23159

FILED APR 15 1941
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **9963**
Registrar's No. _____

Registration District No. **45** Primary Registration District No. **5068**

1. PLACE OF DEATH:
(a) County **Barton**
(b) City or town **Rural (Doylestown Twp)**
(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

3. (a) PRINT FULL NAME **Jefferson Clark Curry**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Mary Ann Curry** 6. (c) Age of husband or wife if alive **72** years
7. Birth date of deceased **May 27th, 1862**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 9 14 hr. min.

9. Birthplace **Vernon County MO**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business _____

MOTHER FATHER { 12. Name **Robert Curry**
13. Birthplace **unknown** 4
(City, town, or county) (State or foreign country)
14. Maiden name **Mary Ann Ambler**
15. Birthplace **unknown** 9
(City, town, or county) (State or foreign country)

16. (a) Informant **Marion Curry**
(b) Address **Salem, Oregon**

17. (a) **Burial** (b) Date thereof **3-13-41**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Iantha Cemetery**

18. (a) Signature of funeral director **River Funeral Home**
(b) Address **Lamar, MO.**

19. (a) **3-13-41** (b) **Elmer L. Thomas**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Barton** 6
(c) City or town **Rural** 1
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? **0** years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **March** day **11th**
year **1941** hour **11** minute **40 P.M.**
21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____;
that I last saw him _____ alive on _____ 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **Infirmities of age and Cardiac Decompensation**
Due to _____
Due to _____
Other conditions _____ (Include pregnancy within 3 months of death)
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?
927 While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature **Raymond River** Date signed **3/17/41**
Address **Lamar, Mo.; Barton Co., Mo.**

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

RECEIVED

District Health Officer No. 6,

District File Number 441-604

Date Filed APR 11 1941

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: Edith J. Mann

Licensed Embalmer No. 3816

P. O. Address Jamaica

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.