FILED JUN 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18154

Registration District No. 408 | Primary Registration District No. 5562 | Registrar's No. 78

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

1. PLACE OF DEATH:

(a) County: Jasper

(b) ~~City or town~~: Rural — Marion Twp

(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Route 1, / Carthage Mo.

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: None (Specify whether

In this community: Ten Years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jasper

(c) City or town: Rural (If outside city or town limits, write "RURAL")

(d) Street No.: R#1 Carthage (If rural, give location)

(e) Citizen of foreign country? (Yes or No): No

If yes, name country:

3. (a) PRINT FULL NAME: Anna Margie McCurtain

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

4. Sex: Female

5. Color or race: White

6. (a) ~~Single, widowed~~, married, ~~divorced~~: Married

6. (b) Name of husband or wife: French McCurtain

6. (c) Age of husband or wife if alive: Unknown years

7. Birth date of deceased: May (Month) 13 (Day) 1873 (Year)

8. AGE: Years 67 | Months 11 | Days 23 | If less than one day — hr. — min.

9. Birthplace: Helen / Pennsylvania (City, town, or county) (State or foreign country)

10. Usual occupation: At Home

11. Industry or business: None

MOTHER FATHER

12. Name: Joseph Killer

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

14. Maiden name: Unknown

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

16. (a) Informant: French McCurtain

(b) Address: R#1 Carthage

17. (a) Burial / (Burial, cremation, or removal) (b) Date thereof: May 8, 1941 (Month) (Day) (Year)

(c) Place: burial or cremation: Park Cemetery

18. (a) Signature of funeral director: Knell Mortuary

(b) Address: Carthage Missouri

19. (a) May 7, 1941 (Date received local registrar) (b) E. J. McIntire, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: May day: 6th year: 1941 hour: 4 o'clock minute: 45 A.M.

21. I hereby certify that I attended the deceased from April 30, 1941, to May 6, 1941; that I last saw her alive on May 5, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Endocarditis	
Due to: Hemiplegia / High blood Pressure	2½ years
Due to:	
Other conditions: None (Include pregnancy within 3 months of death)	

Major findings:
Of operations: None
Of autopsy: None

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? (Specify type of place)

While at work? (e) Means of injury:

23. Signature: E. W. Weigandt (M.D. or other) Order

Address: Joplin Mo. Date signed: 5/7/41

(Licensed Embalmer's Statement on Reverse Side)

41-6-561

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.....Emma L Kneel

Licensed Embalmer No.....391

P. O. Address.....Carthage

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

*** If this body is not embalmed, fact should be so stated above.**

S. No. 2B
0—4-25-41
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STANDARD CERTIFICATE OF DEATH

State File No. 18154

Registration District No. 408 Primary Registration District No. 5562 Registrar's No.

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

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County Jasper

(b) ~~City or town~~ Marion T.P.
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town (If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Anna Margie McCurtain

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 67 Months 11 Days 23 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6
year 1941 hour minute M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hemiplegia	
Due to High Blood Pressure	
Due to Cerebral hemorrage	
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Dr E W Weygand D.O. (Signature of other)
Address Date signed

S-18154