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13-40
7-39
X23159

Registration District No. 735

Primary Registration District No. 3034

Registrar's No. 113

1. PLACE OF DEATH:

(a) County Randolph
(b) City or town Moberly
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Woodland Hospital
(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 Missouri (b) County Randolph
(c) City or town Moberly
(If outside city or town limits, write "RURAL")
(d) Street No. 709 Fisk (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 14th
year 1941 hour 5 minute 15 P.M.

21. I hereby certify that I attended the deceased from April
19 — 41, 1941 to May 14, 1941;
that I last saw him alive on May 14, 1941;
and that death occurred on the date and hour listed above.

Immediate cause of death Fracture of neck of left femur Duration
of left femur

Due to Senility

Due to _____

Other conditions (Include pregnancy within 3 months of death) 1941

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME John F. 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 Elgie Curry 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Dec 14th 1863
(Month) (Day) (Year)

8. AGE: Years 77 Months 5 Days - If less than one day hr. _____ min. _____

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

10. Usual occupation Druggist

11. Industry or business Self

12. Name John W Curry

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

14. Maiden name _____
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. Elgie Curry

(b) Address Moberly

17. (a) Burial (b) Date thereof May 16th 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moberly

18. (a) Signature of funeral director Moham and Son
(b) Address Moberly Mo

19. (a) May 16-41 (b) Paul M. Williams
(Date received local registrar) (Registrar's signature)

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

RECEIVED

District Health Officer No. 10

District File Number 6-41-1071

Date Filed JUN 12 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 Frank D. D. Witt

Licensed Embalmer No. 3021

P. O. Address Moberly

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.