

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

Registration District No. 608

Primary Registration District No. 3032

Registrar's No. 205

1. PLACE OF DEATH:

(a) County Pettis  
(b) City or town Sedalia  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
315 East 3rd. St.  
(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 Pettis 80  
(c) City or town Sedalia 6  
(If outside city or town limits, write "RURAL") 3  
(d) Street No. 315 East 3rd. St.  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME James Riley 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 Widowed

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Oct. 22, 1856  
(Month) (Day) (Year)

8. AGE: Years 84 Months 7 Days 29 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Retired Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name William A. Curry

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

14. Maiden name Mary Ann Hall

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

16. (a) Informant W.F. Curry  
(b) Address Blackwater, Mo.

17. (a) Burial (b) Date thereof June 22-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Longwood, Mo.

18. (a) Signature of funeral director Gillespie Funeral Home  
(b) Address Sedalia, Mo.

19. (a) 6-21-41 (b) Anna Harry Sneed  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21  
year 1941 hour \_\_\_\_\_ minute 45 P. M.

21. I hereby certify that I attended the deceased from June 20 1941 to June 21 1941  
that I last saw him alive on June 20 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death due to prostatic Duration \_\_\_\_\_

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? \_\_\_\_\_

9:15 While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature D. J. Bishop (M. D. or other) 0

Address Sedalia Date signed 6-21-41

RECEIVED  
District Health Officer No. 8,  
District File Number  
7-7-41  
ate Filed

**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 Geo. P. Dillard  
Licensed Embalmer No. 3868  
P. O. Address Sudalea, Va

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

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