

FILED SEP 4 1941
Registration District No. 120

Primary Registration District No. 5172

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

1. PLACE OF DEATH:

(a) County Camden
(b) City or town Branch Russell, TN
(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 Mo (b) County Camden
(c) City or town Branch, Mo
(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? _____ years.

3. (a) PRINT FULL NAME MILDRED MADINE CURMUTT

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if

7. Birth date of deceased June 29 1952
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
8 6 2 hr. min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Earl Vaughn Curmutt

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

14. Maiden name Virginia Reinhardt

15. Birthplace Lin Creek, Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Earl Vaughn Curmutt
(b) Address Branch, Mo

17. (a) Burial (b) Date thereof 1-3-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Laughlin Cemetery

18. (a) Signature of funeral director Vaughn - Rein
(b) Address Urbana, Mo

19. (a) 1-2-41 (b) D. V. S. T. Myers
(Date received local registrar) (Registrator's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 2
year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Dec 26 1940 to Jan 2 1941
that I last saw her alive on Jan 1 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia febrile 1941
toxic acute

Due to _____

Due to _____

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

Major findings: Of operations no operations

Of autopsy none

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? _____ (Specify type of place) (e) Means of injury _____

23. Signature D. V. S. T. Myers (If D or other)

Address Camden, Mo Date signed 1-4-41

Duration

1941

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 7,

District File Number

8-41-1560

Date Filed

8-26-41

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

John F. Reser

Licensed Embalmer No.

4098

P. O. Address

Warsaw

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.