

No. 2
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17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
SUPER SEP 18 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28856

Registration District No. 552

Primary Registration District No. 5745

Registrar's No. 6

1. PLACE OF DEATH:
(a) County Marion
(b) City or town Rural; Warren Township
(c) Name of hospital or institution Palmyra Mo R.2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 29 years
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Marion 24
(c) City or town Rural 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. Palmyra, Mo R.2
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years. 0

3. (a) PRINT FULL NAME Emery Bradford Curless
3. (b) If veteran, name war None
3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month August day 10
year 1941 hour 3 minute 35 P.M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced, Married
6. (b) Name of husband or wife Mary
6. (c) Age of husband or wife if alive 71 years

21. I hereby certify that I attended the deceased from Feb. 19 41
_____, 19____, to Aug 10, 1941
that I last saw him alive on Aug 16, 1941
and that death occurred on the date and hour stated above.

7. Birth date of deceased October 8 1862
(Month) (Day) (Year)

Immediate cause of death Myocard Stenosis
Duration _____

8. AGE: Years 78 Months 10 Days 2 If less than one day
hr. _____ min. _____

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) 92B

9. Birthplace Brown County Ohio
(City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business _____
12. Name Jonathan J. Curless
13. Birthplace DK Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Jane Lemon
15. Birthplace DK Ohio
(City, town, or county) (State or foreign country)

Major findings: _____
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER {
16. (a) Informant Mrs Mary Curless
(b) Address Palmyra Mo R.F. D 2
17. (a) Burial (b) Date thereof Aug 12 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St Judes Cemetery Monroe
18. (a) Signature of funeral director Wilson & Son City
(b) Address Monroe City Mo
19. (a) Aug 11, 1941 (b) Mrs Ella V. Wagner
(Date received local registrar) (Registrar's signature)

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 name of place) (Specify means of injury)
While at work? _____
23. Signature J. E. Hoskins (Date or other) 0
Address Palmyra Mo Date signed 8/11/41

041! (Licensed Embalmer's Statement on Reverse Side)

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

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 Leslie P. Wilson
Licensed Embalmer No. 7014
P. O. Address Monroe City, Mo.

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.