

FILED APR 15 1942 702

Registration District No.

Primary Registration District No. 4423

Registrar's No.

1. PLACE OF DEATH:

(a) County Polk
(b) City or town Fairplay
(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 Missouri (b) County Polk
(c) City or town Fairplay
(If outside city or town limits, write "RURAL")
(d) Street No.....
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME

Leo Glen Currie

3. (b) If veteran, name war.....

3. (c) Social Security No. 500-10-3843

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Pearl Currie
6. (c) Age of husband or wife if alive 31 years
7. Birth date of deceased July 13
(Month) (Day) (Year)

8. AGE: Years 53 Months 8 Days 8
If less than one day .hr. min.

9. Birthplace Fairmont 1 2nd
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

12. Name Libbert Currie
13. Birthplace Ill
(City, town, or county) (State or foreign country)
14. Maiden name Rosa Stines
15. Birthplace Ill
(City, town, or county) (State or foreign country)

16. (a) Informant Pearl Currie
(b) Address Fairplay Mo
17. (a) Burial (b) Date thereof Mar 22 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Akard Cemetery
18. (a) Signature of funeral director Hutchison + Co
(b) Address Ballwin Mo
19. (a) April 11 1942 (b) Guille Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20
year 1942 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.

Immediate cause of death Coronary occlusion Duration.....

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death) 94a

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?.....

While at work?..... (Specify type of place)
(e) Means of injury.....

23. Signature Earl Pitts conover
Address Ballwin Mo Date signed.....
(M-B number)

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

MOTHER FATHER

1171

APR 22 1942

RECEIVED

District Health Officer No. 7,

District File Number 4-42-385

Date Filed 4-13-42

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

Ohyster

Licensed Embalmer No.

4154

P. O. Address

Belmar, 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.