

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

99

1. PLACE OF DEATH:  
(a) County MONROE  
(b) City or town RURAL - JACKSON MO  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: CO. INFIRMARY 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 Mo. (Specify whether  
In this community 75 YEARS  
years, months or days)

3. (a) PRINT FULL NAME ANNETTA MAE CURRIER  
3. (b) If veteran, name war   
3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced SINGLE  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive 75 years  
7. Birth date of deceased JAN. 8, 1867  
(Month) (Day) (Year)

8. AGE: Years 75 Months 3 Days 15 If less than one day  hr.  min.

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

10. Usual occupation NONE

11. Industry or business ---

MOTHER FATHER { 12. Name THEO. BENJ. CURRIER

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

14. Maiden name LIDA A. WOLEKILL  
(City, town, or county) (State or foreign country)

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

16. (a) Informant Helen Wood

(b) Address JEFFERSON CITY, Mo.

17. (a) BURIAL (b) Date thereof 4 25 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Edw. Stebbins  
(b) Address PARIS, Mo.

19. (a) 4-23-42 (b) E. H. Oganaw  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State MISSOURI (b) County MONROE  
(c) City or town HOLLIDAY  
(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 \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 23  
year 1942 hour 4 minute 30 P.M.

21. I hereby certify that I attended the deceased from April 23  
1942 to April 25 1942  
that I last saw him alive on April 23 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage  
Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions 830  
(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?  
\_\_\_\_\_ (Specify type of place)

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature W. M. F. [Signature]  
Address PARIS, Mo. Date signed 4/23/42

RECEIVED

District Health Officer No. 10

District File Number 5-42-993

Date Filed MAY 14 1942

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 B. H. Grace

Licensed Embalmer No 4000

P. O. Address Paris, 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.