

FILED MAY 2 1945

Registration District No. 193

Primary Registration District No. 5714

Registrar's No. 8

1. PLACE OF DEATH:

(a) County McDonald
 (b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: None
(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 McDonald
 (c) City or town Rural
(If outside city or town limits, write "RURAL")
 (d) Street No. Noel, Mo. R#1
(If rural, give location)
 (e) Citizen of foreign country? 1 (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME George Bedford Currey

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

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Divorced
 6. (b) Name of husband or wife Lula Currey 6. (c) Age of husband or wife if alive 53 years
 7. Birth date of deceased November 23 1880
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>2</u>	<u>15</u>	hr. _____ min. _____

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

10. Usual occupation Farming

11. Industry or business _____

12. Name Samuel Currey

13. Birthplace Not Known
(City, town, or county) (State or foreign country)

14. Maiden name Elsa Mc Gee

15. Birthplace Not Known
(City, town, or county) (State or foreign country)

16. (a) Informant Elsie Johnson

(b) Address 4439 Flora K. C. Mo.

17. (a) Burial (b) Date thereof 2/10/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Butler Creek Cem

18. (a) Signature of funeral director Wm. Marcus Payne

(b) Address Wheaton Mo.

19. (a) 2-201945 (b) Ina Martin
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Febr. day 7
 year 1945 hour 10 minute 30 pm.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Broken neck

Due to Auto accident

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____
 Of autopsy _____
ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

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) Accident

(b) Date of occurrence 2-7-45

(c) Where did injury occur? West McDonald Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
On Highway
(Specify type of place)

While at work? Broken neck
(Specify cause of injury)

23. Signature J. M. Humphrey

Address Pinville Mo Date signed 2-10-45

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

RECEIVED
District Health Officer No. 6,
District File Number 445-421
Date Filed APR 16 1945

MAY 4 1945

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

Wm Morris Byrne

Licensed Embalmer No. 3472

P. O. Address

Wheaton, 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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSTHE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13888

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County McDonald
 (b) City or town Rural
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
None
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution --
 In this community --
 years, months or days) (Specify whether)

3. (a) PRINT
FULL NAMEGeorge B. Currey

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

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

6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased November 23, 1880
 (Month) (Day) (Year)

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

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

10. Usual occupation

11. Industry or business

12. Name

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

14. Maiden name

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month year hour minute M.

21. I hereby certify that I attended the deceased from to, 19...; that I last saw him alive on 19...; and that death occurred on the date and hour stated above.
 Immediate cause of death

Duration

Due to State Highway PatrolDue to Non-Collision--Ran off roadway

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?

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

23. Signature (M. D. or other)

Address Date signed

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

SUPPLEMENTARY

13888