

S. No. 2  
M-2-43  
S. 5-17-39  
P-1 X35697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

**FILED** MAR 27 1946 **STANDARD CERTIFICATE OF DEATH**

State File No. **9059**

Registration District No. **128**

Primary Registration District No. **2000**

Registrar's No. **248**

39  
2  
4  
30  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**1. PLACE OF DEATH:**

(a) County Greene  
(b) City or town Springfield  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Burge Hosp. 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: in hospital or institution 1 day  
In this community \_\_\_\_\_ years, months or days (Specify whether)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo (b) County Taney 106  
(c) City or town Ridge Dale  
(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 \_\_\_\_\_

3. (a) PRINT FULL NAME Fern Curbow

3. (b) If veteran, name war None 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 None 6. (c) Age of husband or wife if alive XX years (Day) (Year)

7. Birth date of deceased July (Month) 31 (Day) 1945 (Year)

8. AGE: Years 0 Months 7 Days 12 If less than one day hr. min.

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

10. Usual occupation INFANT

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Joe Curbow

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

14. Maiden name Marybee Wallace

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

16. (a) Informant Parents - Mrs. & Mrs. Joe Curbow

(b) Address Ridge Dale, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-15-46 (Month) (Day) (Year)

(c) Place: burial or cremation Ridge Dale

18. (a) Signature of funeral director D. O. Wheeler

(b) Address Branson, Mo.

19. (a) 3-14-46 (Date received local registrar) (b) W. W. Handley (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Mar day 13 year 1946 hour 3 minute 40 AM/PM

21. I hereby certify that I attended the deceased from 3-12-46 to 3-13-46 that I last saw her alive on 3-12-46 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumo pneumonia

Duration 2d.

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

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

Other conditions Compressions (Include pregnancy within 3 months of death) 1d.

**PHYSICIAN**

Major findings: Of operations \_\_\_\_\_ Of autopsy 10  
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 0

23. Signature W. W. Handley (M. D. or other) W

Address Springfield, Mo. Date signed 3-13-46

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**