

S. No. 2
1-8-43
5-17-39
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FILED JUL 15 1945

Registration District No. 343

Primary Registration District No. 6157

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

1. PLACE OF DEATH:

(a) County Stoddard

(b) City or town Essex Mo. Rural
(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 _____ (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard ¹⁰³

(c) City or town Essex Mo. Rural ⁰
(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 Charlotte Curd

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 27
year 1945 hour 2 minute 30 P.M.

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

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

7. Birth date of deceased March 14, 1853
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov. 27 - 1945 to Dec 27, 1945
that I last saw her alive on Dec 20, 1945
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>92</u>	<u>9</u>	<u>13</u>	_____ hr. _____ min.

Immediate cause of death
Labor Premia

Due to _____

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

10. Usual occupation Housewife

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

11. Industry or business _____

12. Name Win Lawson

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

14. Maiden name Not known

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

Major findings: Of operations 108

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant J. M. Baker
(b) Address Idalia, Mo.

17. (a) _____ (b) Date thereof Dec. 27, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

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? _____

(c) Place: burial or cremation Grave Hill Cemetery

18. (a) Signature of funeral director Chiles Und. Co.
(b) Address Bloomfield, Mo.

19. (a) 7-9-46 (b) Kate Howley
(Date received local registrar) (Registrar's signature)

23. Signature J. P. ... (M. D. or country) 1
Address Essex, Mo. Date signed 7-9-46

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SEP 9 1946

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 *Juan C. Cooper*
Licensed Embalmer No. *4119*
P. O. Address. *Bloomfield, 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.