

1. PLACE OF DEATH:

(a) County Pike
(b) City or town Curryville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: In city limits of Curryville
(If not in hospital or institution, write street number or location) /
(d) Length of stay: In hospital or institution 5 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME KATIE MAY CROPP

3. (b) If veteran, name war No 3. (c) Social Security No. None

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

6. (b) Name of husband or wife George Cropp 6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased July 29 1913
(Month) (Day) (Year)

8. AGE: Years 32 Months 11 Days 29 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business Housekeeping

12. Name General Carter

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

14. Maiden name Lucille House

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

16. (a) Informant George Cropp

(b) Address Curryville Missouri

17. (a) Burial (b) Date thereof July 31, '46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Curryville Cemetery
Garner & Sterne

18. (a) Signature of funeral director Louisiana, Missouri

(b) Address 812/46 (c) Bill Robinson (Registrar's signature)
(Date received local registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28
year 1946 hour 5 minute 00 a. m.

21. I hereby certify that I attended the deceased from July 28 1946 to July 28 1946
that I last saw him alive on 7/28/46 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis
Duration 1 hr.

Due to Myocarditis Eyes

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations NO
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) (g) Means of injury 2
23. Signature J. M. Watkins (M. D. or other) 2
Address Bowling Green Date signed 7/30/46

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

26810

JUL 10 1956

RECEIVED
District Health Officer No. 19
District File Number 8-46-1572
Date Filed AUG 1 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 Harold Y. Larned

Licensed Embalmer No. 3720

P. O. Address Louisiana Missouri

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.