

FILED OCT 17 1946 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 325

Primary Registration District No. 6095

Registrar's No. 110

1. PLACE OF DEATH:

(a) County Schuyler
(b) City or town Downing - 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 4 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME George Edwin Current

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Zelpha Current 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased: Oct. 21 1882
(Month) (Day) (Year)

8. AGE: Years 63 Months 10 Days 27
If less than one day
hr. _____ min.

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

10. Usual occupation Farming

11. Industry or business _____

12. Name Martin Elinu Current

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

14. Maiden name Charlotte Darling

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

16. (a) Informant Mrs. Jim McNary

(b) Address Downing, Mo.

17. (a) Burial (b) Date thereof 9 20 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Livonia

18. (a) Signature of funeral director Lloyd Moore

(b) Address Downing, Mo.

19. (a) Sept 20/46 (b) Mrs. Vera Drake
(Day received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 18
year 1946 hour _____ minute _____ P. M.

21. I hereby certify that I attended the deceased from May
_____, 1944 to Sept 15, 1946;

that I last saw him alive on Sept 15, 1946;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Cerebral Hemorrhage

Due to High Blood Pressure

Due to _____

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)
(c) Means of injury _____

23. Signature RE Vaughn (M. D. or other) DO.

Address Lancaster, Mo. Date signed 9/20/46

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

MOTHER FATHER

RECEIVED
District Health Officer No. 10
District File Number 10-46-1881
Date Filed OCT 14 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 me

.....Registered Apprentice No.....
working under my personal supervision.

Signed Lloyd Moore

Licensed Embalmer No. 3157

P. O. Address Downing 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.