

FILED MAR 6 1947

Registration District No. 286

Primary Registration District No. 4424

Registrar's No. _____

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

1. PLACE OF DEATH:
 (a) County POLK
 (b) City or town HAMMINSVILLE
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
George Dimitt Memorial Hosp.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 weeks.
(Specify whether
 In this community _____
years, months or days)

3. (a) PRINT FULL NAME LENORA ELLAN CURRY
 (b) If veteran, name war ✓
 (c) Social Security No. ✓

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced MARRIED
 (b) Name of husband or wife C.M. CURRY (c) Age of husband or wife if alive 60 years
 7. Birth date of deceased May 17 1897
(Month) (Day) (Year)

8. AGE: Years 50 Months 8 Days 23
If less than one day
 _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name John Leslie
 { 13. Birthplace UNKNOWN KANS.
(City, town, or county) (State or foreign country)
 { 14. Maiden name ANNA HOMAN
 { 15. Birthplace MARSHALL CO. KANS.
(City, town, or county) (State or foreign country)

16. (a) Informant C.M. Curry
 (b) Address Dunnington B-2

17. (a) Removal (b) Date thereof Feb 9 1947
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation BOLIVAR

18. (a) Signature of funeral director Wm. + Blue
 (b) Address Bolivar, Mo. Holy Trinity

19. (a) Feb 28 47 (b) Wells Kirkpatrick
(Date received local registrar) (Registrar's signature) O.M.R.

2. USUAL RESIDENCE OF DECEASED:
 (a) State MISSOURI (b) County POLK. 84
 (c) RURAL
(If outside city or town limits, write "RURAL")
 (d) 3 Miles North East of Dunnington
(If rural, give location)
 (e) DECEASED ON NO. NO.
(Yes or No)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Feb. day 9
 year 1947 hour 1 minute 20 P.M.

21. I hereby certify that I attended the deceased from January 27, 1947 to February 9, 1947
 that I last saw her alive on February 9, 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Embolism

Due to Following surgical Removal of Rt ovarian cyst.

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

Major findings: Of operations Rt ovarian cyst
 Of autopsy 56A

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. G. Robinson MD (M. D. or other) _____
 Address Hamminsville, Mo. Date signed 2/11/47

Duration _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

RECEIVED
District Health Officer No. 7,
Date Filed 3-3-47
Certificate Number 2-47-129

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. 4154

P. O. Address: Bolivar, 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.