

S. No. 2
M-5-43
v. 5-17-39
I X36671

FILED MAY 29 1947
149

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2233

1. PLACE OF DEATH: Jackson

(a) County Kansas City

(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1527 East 50th terr /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community unknown years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 1527 East 50th terr
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

(a) PRINT FULL NAME Mrs Catherine Curd

3. (b) If veteran, name war no

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Albert S. Curd (deceased)

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

7. Birth date of deceased July 23 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

77	10	9	26	hr. min.
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9. Birthplace Tenn
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Michael Lynch

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

14. Maiden name unknown

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

16. (a) Informant Mr Samuel Curd

(b) Address 1527 East 50 th terr

17. (a) burial (b) Date thereof 5-22-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Mary's Cemetery

18. (a) Signature of funeral director Quinn & Tobin

(b) Address 20 West Linwood

19. (a) 5-21-47 (b) W. H. Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19 year 1947 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from May 18, 1947 to May 19, 1947

that I last saw h. ex alive on May 19, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Acute dilatation of heart Duration 3 days

Due to Ch. Myocarditis 2 yrs +

Due to _____

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

PHYSICIAN

Major findings: Of operations 93 d

Of autopsy _____

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 _____

23. Signature Frederick A. Baldwin (M.D. or other) M.D.

Address 2904 FASEO P.C. Mo Date signed 5/20/47

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

MOTHER FATHER

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 Howard W. Farmer

Licensed Embalmer No. 4134

P. O. Address Kansas City 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.