No. 2
1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 15 1947

Registration District No. 149

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 38083

Registrar's No. 5079

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: General Hospital #2 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 35 Min. (Specify whether
In this community About 10 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48
(a) State Missouri (b) County Jackson
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 1330 Paseo 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Arlonzo Curl
3. (b) If veteran, name war World War 11
3. (c) Social Security No. none
4. Sex Male 2
5. Color or race Negro
6. (a) Single, widowed, married, divorced Single 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased November (Month) - 9 (Day) - 1920 (Year)

8. AGE:

Years	Months	Days	If less than one day
27	0	20	hr. min.

9. Birthplace Taft (City, town, or county) Okla. (State or foreign country) 1
10. Usual occupation Porter
11. Industry or business
FATHER
12. Name Guy Curl
13. Birthplace Nacogdoches (City, town, or county) Texas (State or foreign country) 1
MOTHER
14. Maiden name Ardella Harrison
15. Birthplace Grayson (City, town, or county) Okla. (State or foreign country) 1
16. (a) Informant Guy Curl
(b) Address 703 E. Tecumseh, Tulsa, Okla.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/3/'47 (Month) (Day) (Year)
(c) Place: burial or cremation Lincoln Cemetery
18. (a) Signature of funeral director E. Sterling Bills
(b) Address 1212 Vine St., Kansas City, Mo.
19. (a) 12-3-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 29
year 1947 hour 9 minute 05 P. M.
21. I hereby certify that I attended the deceased from Deputy - Coroner - 19 ; to 19 ;
that I last saw b alive on 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Stock -

Due to Abdominal Hemorrhage

Due to Gun Shot Wound of Abdomen

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 166

Of autopsy

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Homicide
(b) Date of occurrence 11-29-47
(c) Where did injury occur? K.C. Jackson - Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home - 1209 - E - 14th St. (Specify type of place)
While at work? No (e) Means of injury Gun Shot
23. Signature J. Rivellians (M. D. or other) W.
Address 2634 - Brooklyn - Date signed 12-1-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 R. Graham

Licensed Embalmer No. 2540

P. O. Address 2304 Vine St

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.