

FILED NOV 26 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39106

State File No.

Registration District No. 270

Primary Registration District No. 5909

Registrar's No. 82

1. PLACE OF DEATH:

(a) County Jefferson
(b) City or town Caruthersville rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community
years, months or days)

3. (a) PRINT FULL NAME

Elias Curry

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

4. Sex M 2. Color or race cal.
5. Color or race cal.
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Lucy Curry
6. (c) Age of husband or wife if alive 51
7. Birth date of deceased: March 14 1894
(Month) (Day) (Year)

8. AGE: Years 73 Months 7 Days 24
If less than one day hr. min.

9. Birthplace Marshall Co Miss
(City, town, or county) (State or foreign country)

10. Usual occupation Farm

11. Industry or business

12. Name Elias Curry
13. Birthplace Miss
(City, town, or county) (State or foreign country)
14. Maiden name Maude Plam
15. Birthplace S.C.
(City, town, or county) (State or foreign country)

16. (a) Informant Willie Curry

(b) Address Rt 1 Box 17 Caruthersville Mo

17. (a) Burial (b) Date thereof 11-11-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Springfield Cem

18. (a) Signature of funeral director W. B. Wicks

(b) Address Steele, Mo

19. (a) 11-22-47 (b) W. B. Wicks
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot 78
(c) City or town Caruthersville rural 0
(If outside city or town limits, write "RURAL")
(d) Street No.....
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 8
year 1947 hour 11 minute 30 a.m.

21. I hereby certify that I attended the deceased from July 15 1947 to Nov 7 1947
that I last saw him alive on Nov 7 1947
and that death occurred on the date and hour stated above

Immediate cause of death Cardiovascular
Renal disease 1 year
Due to.....
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) (e) Means of injury.....

23. Signature W. B. Wicks (M. D. or other) W. B. Wicks
Address Caruthersville Mo Date signed 11/24/47

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

MOTHER FATHER

11-47-317

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. *4355*

P. O. Address..... *Hayti, 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.