

U.S. No. 2
OM-5-43
Rev. 5-17-39
I X36571

1959

DEPARTMENT OF HEALTH
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED FEB 3 1948

Registration District No. 272

Primary Registration District No. 4403

Registrar's No. 126

1. PLACE OF DEATH:

(a) County Pemiscot

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

(c) Name of hospital or institution:
none
(If not in hospital or institution, write street number or location)

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

In this community 60 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot

(c) City or town Steele,
(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 _____

3. (a) PRINT FULL NAME William A. Curry

3. (b) If veteran, no name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 12
year 1948 hour 8 minute A.M.

21. I hereby certify that I attended the deceased from Oct. 1948 to 7 JAN. 1948:
that I last saw him alive on 7 JAN. 1948:
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Mrs. Lula Curry

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased Sept. 18th 1883
(Month) (Day) (Year)

Immediate cause of death: MYOCARDIAL HEART DISEASE

Duration 2 Mo.

Due to _____

Due to _____

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

64	3	24	hr. _____ min.
----	---	----	----------------

Other conditions GEN. ARTERIOSCLEROSIS
(Include pregnancy within 3 months of death)

9. Birthplace Parish Tenn.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings:
Of operations _____

Of autopsy 432

MOTHER FATHER {

11. Industry or business _____

12. Name George W. Curry

13. Birthplace Decatur Co. Tenn.
(City, town, or county) (State or foreign country)

14. Maiden name Mary E. Harris

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

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? _____

16. (a) Informant William R. Curry

(b) Address Memphis, Tenn.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-13-48
(Month) (Day) (Year)

(c) Place: burial or cremation Mt. Zion

While at work? _____ (Specify type of place)

(c) Means of injury _____

18. (a) Signature of funeral director German Undt. Co.

(b) Address Steele, Mo.

19. (a) Jan - 29-48 (Date received local registrar)

(b) [Signature] (Registrar's signature) 0110

23. Signature E. L. Taylor (M. D. or other M.D.)

Address Steele, Mo. Date signed 8 Jan 48

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

8
3

1-48-30

FEB 1 1948

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..... John W. German

..... Licensed Embalmer No. 4355

P. O. Address..... Steele, 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.