

S. No. 2
8-13
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5354**

FILED MAR 4 1948

Registration District No. 172

Primary Registration District No. 3034

Registrar's No. 10

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

1. PLACE OF DEATH:
 (a) County Lafayette
 (b) City or town Higginsville, Mo.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In-hospital or institution
(Specify whether years, months or days)
 In this community 66 years

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Lafayette **54**
 (c) City or town Higginsville **2**
(If outside city or town limits, write "RURAL")
 (d) Street No. /
(If rural, give location)
 (e) Citizen of foreign country? No **0**
(Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Harriett Barton Curry
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____
 4. Sex F **3** 5. Color or race B
 6. (a) Single, widowed, married, divorced Widow
 6. (b) Name of husband or wife Major Curry 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased: Jan 15 1856
(Month) (Day) (Year)
 8. AGE: Years 90 Months 6 Days 15 If less than one day hr. _____ min. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Jan day 31
 year 1948 hour 9:30 minute _____ P.M. _____
 21. I hereby certify that I attended the deceased from Dec 13, 1944, to Jan 31, 1948
 that I last saw her alive on Jan 31st, 1948; and that death occurred on the date and hour stated above.
 Immediate cause of death Cerebral Embolism and thrombosis Duration _____
 Due to Diabetes Mellitus
 Due to _____

9. Birthplace Howard County Mo. **6**
(City, town, or county) (State or foreign country)
 10. Usual occupation Housewife
 11. Industry or business _____
 12. Name Fred Bartonson
 13. Birthplace Glascow Mo. **0**
(City, town, or county) (State or foreign country)
 14. Maiden name Millie Ferguson
 15. Birthplace Kentucky **1**
(City, town, or county) (State or foreign country)
 16. (a) Informant Edna Mae Beatty
 (b) Address Higginsville, Mo.
 17. (a) Burial (b) Date thereof Feb 3 48
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Higginsville, Mo
 18. (a) Signature of funeral director Superintendent
 (b) Address Higginsville, Mo
 19. (a) 2-9-1948 (b) Clayton H. Landrum
(Date received local registrar) (Registrar's signature)

Other conditions Diabetes Mellitus
(Include pregnancy within 3 months of death)
 Major findings: Of operations Ca
 Of autopsy _____
 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?
(Specify type of place)
 While at work? _____ Means of injury 2
 23. Signature Leon L. Sauer (M. D. or other) **Do**
 Address Higginsville, Mo Date signed 2-7-48

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

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 8-3-48

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 Frederick S. Hooper

Licensed Embalmer No. 4358

P. O. Address Highland

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.