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FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED OCT 25 1948

Registration District No. 170

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3033

33395

State File No. 10-48-121

Registrar's No. 617

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

1. PLACE OF DEATH:

(a) County hasledade
(b) City or town Lebanon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
234 S. Washington 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 75 years years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County hasledade
(c) City or town Lebanon
(If outside city or town limits, write "RURAL")
(d) Street No. 234 S. Washington
(If rural, give location)
(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Margaret R. Curry

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 6
year 1948 hour 9 minute 0 P.M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced widowed
7. Birth date of deceased: May 25 1873
(Month) (Day) (Year)

Immediate cause of death: Cerebral Hemorrhage
Duration _____

8. AGE: Years 75 Months 4 Days 12 If less than one day _____ hr. _____ min.

Due to _____
Due to _____

9. Birthplace Candentia - County - Mo.
(City, town, or county) (State or foreign country)

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

11. Industry or business At home

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name M. W. Johnson
13. Birthplace Candentia county Mo. A
(City, town, or county) (State or foreign country)
14. Maiden name Mary E. McClurg
15. Birthplace Webster county Mo D
(City, town, or county) (State or foreign country)

16. (a) Informant M. W. Johnson
(b) Address Springfield, MO
17. (a) Burial (b) Date thereof 10/8/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Lebanon City Cem.

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? _____

18. (a) Signature of funeral director Podmaris
(b) Address Lebanon MO
19. (a) 10-11-48 (b) Tessie P. Lynch
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury !
23. Signature W. A. Palmer (M. D. or other)
Address Lebanon Mo Date signed _____

JAN 3 1949 FEB 27 1950

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.....

Margaret Ruth Allen, Emmett E. Emmertt, Registered Apprentice No. 295 - 246,
working under my personal supervision.

Signed Richard L. Palmer

Licensed Embalmer No. 4595

P. O. Address Lebanon, 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.