

No. 2
5-43
17-39
X36671

FILED NOV 16 1948

Registration District No. 149

Primary Registration District No. 1002

State File No. _____
Registrar's No. _____

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: 3420 Central
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution XX
In this community 82 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 3420 Central 8
(If rural, give location)

(e) Citizen of foreign country? No 0 (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME MRS. SARAH J. CURRY

3. (b) If veteran, name war XX

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 23rd
year 1948 hour 9:00 minute P M.

4. Sex Fe / 5. Color or race Wh

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

6. (b) Name of husband or wife John B. Curry

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

7. Birth date of deceased June 17 1863
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 19th to Oct. 23 1948
that I last saw her alive on July 15 1948
and that death occurred on the date and hour stated above.

8. AGE: Years 85 Months 4 Days 6
If less than one day hr. _____ min. _____

Immediate cause of death Cerebral Hemorrhage
Hypertension
Hypertensive heart disease
Due to Cerebral & genl. Arteriosclerosis

Duration 5+ yrs.
5+ yrs.
5+ yrs.

9. Birthplace Cairo Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

Due to _____

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

MOTHER FATHER

11. Industry or business _____

12. Name William Goodwin 4

13. Birthplace England
(City, town, or county) (State or foreign country)

14. Maiden name Anna B. Roche 2

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

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Juan B. Camerson

(b) Address 3420 Central

17. (a) Burial (b) Date thereof 10-26-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. St. Mary's

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 JW Wagner

(b) Address Kansas City, Mo.

19. (a) 10-25-48 Geraldine Holmes
(Date received local registrar) (Registrar's signature)

Harold M. Roberts (Specify type of place) _____
While at work? _____ (c) Means of injury _____

23. Signature Harold M. Roberts (M. D. or other) M.D.
Address 1103 Grand, K. C., Mo. Date signed 10-25-48

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

HA 1381

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.....

Eugene L. Kenyon, Registered Apprentice No. *217*
working under my personal supervision.

Signed *Alvin R. Hauschild*

Licensed Embalmer No. *4159*

P. O. Address *Kansas City 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.