

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH 399

21050
Do not use this space.
2518

JUL 10 1939

1. PLACE OF DEATH

(a) County JACKSON | Registration District No. 1002
(b) Township RAW | Primary Registration District No. Registered No.
(c) City KANSAS CITY | (d) Street No. ST. LUKE'S HOSPITAL St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

632-MR ARTHUR EARL CURTIS
(a) Residence, No. 20 WEST 69TH STREET TERRACE St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE
4. COLOR OR RACE WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF MRS. HAZEL DINGMAN CURTIS
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) DEC-2-1886
7. AGE YEARS 52 MONTHS 6 DAYS 2
If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. CHIEF CHEMIST
9. Industry or business in which work was done, as saw mill, bank, etc. THE MIDLAND FLOOR MILLING CO.
10. Date deceased last worked at this occupation (month and year) N. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) KANSAS 1

FATHER 13. NAME F. A. CURTIS 9

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN 9

MOTHER 15. MAIDEN NAME UNKNOWN

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

17. INFORMANT (ADDRESS) MRS. HAZEL DINGMAN CURTIS 20 WEST 69TH STREET TERRACE

18. BURIAL, CREMATION, OR REMOVAL PLACE PLACE FOLA, KANSAS DATE JUNE-7-1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) D. W. NEWCOMER'S SONS 1401 BRUSH CREEK BLVD.

20. FILED June 6 1939 M. M. Crowe, asst. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JUNE-4-1939

22. I HEREBY CERTIFY That I attended deceased from 19...
I last saw him on 19... Death is said to have occurred on the date stated above, 10:00 AM.
The principal cause of death and related causes of importance were as follows:

Coronary arteriosclerosis
Acute coronary occlusion
Acute pulmonary congestion
Other contributory causes of importance.

Name of operation Date of...
What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury... 19...
Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify (Signed) M. D.

(Address) Gen. Shop, 1410 P. Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50M-1-12-38 I X14028

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 E. M. Calhoun

Licensed Embalmer No. 3506

P. O. Address K. C. 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, above space should be left blank.