

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.

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

2036
Do not use this space.

1. PLACE OF DEATH
 (a) County Chariton Registration District No. 176
 (b) Township Cunningham Primary Registration District No. 4105
 (c) City Sumner (d) Street No. _____ St.
 (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.
 (If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME Jolly Whitten Curtis
 (a) Residence, No. _____ 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 (write name of wife) Ettie Alice Curtis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 9, 1887

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>87</u>	<u>3</u>		

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Locomotive Engineer & Farmer
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ (11. Total time (years) spent in this occupation _____)

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gainsboro, Jackson Co, Tenn.

FATHER
 13. NAME Samuel Curtis
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

MOTHER
 15. MAIDEN NAME Sarah Jackson
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jackson Co., Tenn.

17. INFORMANT (ADDRESS) Edd Curtis, Sumner, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lakeside Cemetery, Jan 10, 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) H. A. Cooper, Sumner, Mo.

20. FILED Jan 10, 1940 Pearl Stevens, Local Registrar.

MEDICAL: CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/8, 1940

22. I HEREBY CERTIFY, That I attended deceased from _____, 1939 to Jan 8, 1940
 that saw him, alive on Jan 6 8 P., 1940 Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:
Coronary Arteriosclerosis, with single dementia, Renal insufficiency
 Date of onset 1 39

Other contributory causes of importance:
97

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? no

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? no
 If so, specify _____
 (Signed) J. H. Starkey M. D.
 (Address) Sumner, Mo.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 07/14/60

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, Howard
A. Cooper, or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed Howard A. Cooper.

Licensed Embalmer No. 3996

P. O. Address Summer, 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.