V. S. No. 2
50M—11-10-39
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 16 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6254

Registration District No. 163 Primary Registration District No. 4095 Registrar's No. 11

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

1. PLACE OF DEATH:

(a) County CEDAR

(b) City or town Eldorado Springs
(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 —

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CEDAR

(c) City or town Eldorado Springs
(If outside city or town limits, write "RURAL")

(d) Street No. 316 W. Hightower
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME COLBY CURTIS 632

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Katherine Curtis

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

7. Birth date of deceased Oct-10-1862
(Month) (Day) (Year)

8. AGE: Years 77 Months 3 Days 21 If less than one day ..... hr. ..... min.

9. Birthplace Clark County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Milton Curtis
13. Birthplace (City, town, or county) Va (State or foreign country)

MOTHER
14. Maiden name Sarah Allen
15. Birthplace (City, town, or county) Ky (State or foreign country)

16. (a) Informant Katherine Curtis
(b) Address 316 W. Hightower, Eldorado Spgs. Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-2-1840 (Month) (Day) (Year)
(c) Place: burial or cremation Virgil City, Mo

18. (a) Signature of funeral director Gwinn Siders
(b) Address Eldorado Springs Mo

19. (a) 2-2-40 (Date received local registrar) (b) J W Dawson (Registrar's signature) 154

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feby day 1st year 1940 hour 10 minute A 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.

	Duration
Immediate cause of death: Died from natural causes with Physician in attendance	
Due to: Probable cause Cerebral hemorrhage	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? (e) Means of injury

23. Signature M D Gwinn, Coroner (M. D. or other) 4
Address Eldorado Springs Mo Date signed 2/2/40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District File Number 3-40-440
Date Filed 3-13-40

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 O. D. Sivers

Licensed Embalmer No. 3250

P. O. Address Eldorado Springs, 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.