

No. 2
1-10-39
17-3-41
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

15743

MAY 17 1940

State File No. _____

Registration District No. 668

Primary Registration District No. 3032

Registrar's No. 144

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Bothwell Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Hours
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Rollie Glyndon Curnutt 653

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 Bertha F. Curnutt 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 15 1875
(Month) (Day) (Year)

8. AGE: Years 65 Months 0 Days 27 If less than one day hr. _____ min. _____

9. Birthplace Sweet Springs Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Clerk Retired

11. Industry or business U.S. Post Office

12. Name John M. Curnutt

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

14. Maiden name Mellicent Rathborne

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

16. (a) Informant Mrs. R. G. Curnutt

(b) Address Sedalia, Mo.

17. (a) Burial (b) Date thereof Apr. 15/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mem. Park

18. (a) Signature of funeral director Gillespie Funeral Home

(b) Address 4-18-48 Sedalia, Mo.

19. (a) 4-15-1940 (b) Mrs. Harry Sneed
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 908 So. Osage
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 12
year 1940 hour 4 minute 40 P M.

21. I hereby certify that I attended the deceased from FEB 10 1940 to April 12 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Acute myocarditis
Due to acute bronchitis

Due to influenza

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

Major findings: Of operations _____
Of autopsy _____

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? _____

906
While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature Gordon Souffler (M. D. or other) MD
Address Sedalia, Mo. Date signed 4-12-40

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 5-15-40

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 L. C. Bouldin

Licensed Embalmer No. 3867

P. O. Address Sedalia, 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.