S. No. 2
-11-10-39
5-17-39
P I X21492

FILED JUN 2 0 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18919

Registration District No. 530 Primary Registration District No. 5708 Registrar's No.

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

1. PLACE OF DEATH:
(a) County Macon
(b) City or town Rural – Easley (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 Macon
(c) City or town Rural – (If outside city or town limits, write "RURAL")
(d) Street No. East of South Gifford (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME MADIE L. CURTIS 632
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife John Curtis
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept. (Month) 12 (Day) 1870 (Year)
8. AGE: Years 70 Months 8 Days 4 If less than one day hr. min.
9. Birthplace (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Housewife
11. Industry or business —
FATHER 12. Name Sylvester Buck
13. Birthplace (City, town, or county) Ohio (State or foreign country)
MOTHER 14. Maiden name Mary Jane Dixon
15. Birthplace (City, town, or county) Ohio (State or foreign country)
16. (a) Informant Mrs. Hector Magers
(b) Address La Crosse
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May-18-1940 (Month) (Day) (Year)
(c) Place: burial or cremation La Plata
18. (a) Signature of funeral director W. H. McCallum's Sons
(b) Address South Gifford, Mo.
19. (a) June 10 1940 (Date received local registrar) (b) Mrs Floyd Baker (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16th year 1940 hour 11 minute 30 – P.M.
21. I hereby certify that I attended the deceased from May 11, 1940, to May 16, 1940, that I last saw her alive on May 11, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Heart Trouble
Valvular Disease
Due to Dropsy
Due to
Other conditions (Include pregnancy within 3 months of death) No

Major findings: Of operations none
Of autopsy

Duration

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 J. F. Gooch (M. D. or other)
Address Elmer Mo Date signed May 16

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number Le-40-1242
Date Filed JUN 12 1940

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 W. H. McCallum, Registered Apprentice No. _____ working under my personal supervision.

Signed W. H. McCallum

Licensed Embalmer No. 2052

P. O. Address South Gilford, Me

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.