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39
1492

32647

State File No. 10

Registration District No. 5-5

Primary Registration District No. 4033

Registrar's No. 35

1. PLACE OF DEATH:

(a) County Wendell
(b) City or town Wendell
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
none
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
In this community all life
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Wendell
(c) City or town Wendell
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? 20 years.

8. (a) PRINT FULL NAME Kathy Sue Curtis

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife none 6. (c) Age of husband or wife if alive none years

7. Birth date of deceased: Jan 8 1940
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
6 hr. _____ min.

9. Birthplace: Wendell (City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business none

MOTHER FATHER { 12. Name Herman Curtis
13. Birthplace Harrisburg (City, town, or county) (State or foreign country)
14. Maiden name Beulah McNeil
15. Birthplace Wendell (City, town, or county) (State or foreign country)

16. (a) Informant Herman Curtis
(b) Address Wendell

17. (a) McNeil (b) Date thereof June 27 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation McNeil

18. (a) Signature of funeral director _____
(b) Address _____

19. (a) Oct 10 - 1940 (b) Mrs M J Mumma
(Date received local registrar) (acting Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27
year 1940 hour 7 minute 30 AM.

21. I hereby certify that I attended the deceased from June 23
1940 to June 27 1940

that I last saw her alive on June 25 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cholera and Bronchial Pneumonia
Duration 10 days

Due to _____

Due to _____

Other conditions 119B
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy none
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) 27

(b) Date of occurrence none

(c) Where did injury occur? none
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

54/1 While at work? no (Specify type of place) (e) Means of injury none

23. Signature B. B. Curtis (M. D. or other) 1/20
Address Wendell Date signed June 27 1940

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

RECEIVED

District Health Officer No. 2,

District File Number 1040-16

Date Filed 10/21/40

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.....

Licensed Embalmer No.....

P. O. Address.....

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

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