No. 2
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FEB 14 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1904

Registration District No. 85 — Primary Registration District No. 1001 — Registrar's No. 134

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

1. PLACE OF DEATH:
(a) County: Buchanan
(b) City or town: St. Joseph (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 809 North 4th Street (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: 30 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Buchanan
(c) City or town: St. Joseph (If outside city or town limits, write "RURAL")
(d) Street No.: 809 North 4th Street (If rural, give location)
(e) If foreign born, how long in U. S. A.? ✓ years.

3. (a) PRINT FULL NAME: Maude Curtis Toole
3. (b) If veteran, name war: ✓
3. (c) Social Security No.: none
4. Sex: female
5. Color or race: white
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: Alpha W.
6. (c) Age of husband or wife if alive: 78 years
7. Birth date of deceased: January (Month) 1 (Day) 1877 (Year)
8. AGE: Years 64 Months 0 Days 30 If less than one day ___ hr. ___ min.
9. Birthplace: Doniphan County (City, town, or county) Kansas (State or foreign country) D
10. Usual occupation: Housewife
11. Industry or business: Own Home

FATHER
12. Name: Benjamin P. Curtis
13. Birthplace: Unknown (City, town, or county) Missouri (State or foreign country) A

MOTHER
14. Maiden name: Mary E. Ashcraft
15. Birthplace: Unknown (City, town, or county) Kentucky (State or foreign country) /

16. (a) Informant: A. W. Toole
(b) Address: 809 North 4th, St. Joseph, Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof: Feb. 3, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Mora Cemetery St. Joseph, Missouri
18. (a) Signature of funeral director: Walter Meierhoffer
(b) Address: 1302 Faraon, St. Joseph, Mo.
19. (a) 2/3/41 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 31 year 1941 hour 7 minute a. M.
21. I hereby certify that I attended the deceased from Jan. 2, 1941 to Jan. 31, 1941 that I last saw her alive on Jan 2, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage (sudden death) — Duration: unknown
Due to:
Due to: Hypertension
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: [illegible] (M. D. or other)
Address: Kirkpatrick Bldg., St. Joseph, Mo. Date signed 2/1/41

(Licensed Embalmer's Statement on Reverse Side)

Chicago Illinois

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 Oby JEster

Licensed Embalmer No. Mo. 4154

P. O. Address St. Joseph, Missouri

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, fact should be so stated above.