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Registration District No. **288** Primary Registration District No. **4172**

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

1. PLACE OF DEATH:

(a) County Dunklin

(b) City or town Kennell
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Puanele D. Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 31 days
(Specify whether)

In this community 4 years
years, months or days

3. (a) PRINT FULL NAME George W. Curtis

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Ruby 6. (c) Age of husband or wife if alive _____ years (Day) (Year)

7. Birth date of deceased 6 3 1905
(Month) (Day) (Year)

8. AGE: 36 ✓ Years Months Days If less than one day
7 19 hr. min.

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

10. Usual occupation Farming

11. Industry or business _____

12. Name George Curtis

13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Not Called

15. Birthplace Ky. 1
(City, town, or county) (State or foreign country)

16. (a) Informant G. W. Sarrett
(b) Address Deering Mo

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Carruthersville Mo

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

19. (a) 1-24-41 (b) Dr. Wheeler Davis
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County Deming

(c) City or town Goble 1
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 24th
year 1941 hour 10³⁰ minute 7 M.

21. I hereby certify that I attended the deceased from Dec 23,
1940, to Jan 24, 1941;
that I last saw him alive on Jan 24, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Toxemia - intestinal obstruction 4 days
Due to Ruptured Sarcocystis 1 1/2
appended with generalized peritonitis 3 weeks

Other conditions intestinal obstruction due to
(Include pregnancy within 3 months of death)
marked adhesion

Major findings: Ruptured sarcocystis
appended, with peritonitis, Sarcocystis

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? _____

23. Signature G. W. Sarrett (M. D. or other) MD
Address Deering Mo Date signed 1-24-41

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

Noel C. Deane

Licensed Embalmer No. *3981*

P. O. Address

Carethersville
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, fact should be so stated above.

EXPIRES APR 11 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2453-

Registration District No. 288

Primary Registration District No. 4172

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County Dunklin
(b) City or town Fennett
(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
In this community _____ years, months or days)

3. (a) PRINT FULL NAME Geo. V. Curtis

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

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ year

7. Birth date of deceased June 5 1905
(Month) (Day) (Year)

8. AGE: Years 35 Months 7 Days 19 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 1-24-41 (b) Whitely
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (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.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH Month _____ day _____
year _____ hour _____ minute _____ 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.

Immediate cause of death _____

Due to _____

Due to _____

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

23. Signature _____ (M. D. or other) _____

Address _____ Date signed _____

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

SUPPLEMENTARY

