

Registration District No. **216**

Primary Registration District No. **3002**

Registrar's No. **24**

1. PLACE OF DEATH:

(a) County Audrain
(b) City or town Mexico
(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 _____ (Specify whether)
In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Audrain
(c) City or town Mexico
(If outside city or town limits, write "RURAL")
(d) Street No. 514 W. JACKSON
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME Rosa Anna Curtis

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

4. Sex F 5. Color or race Colored 6. (a) Single, widowed, married, divorced S

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

7. Birth date of deceased Oct. 15, 1921
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	19	3	19	hr. min.

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

10. Usual occupation Maid

11. Industry or business homes

12. Name Granvel Curtis

13. Birthplace Callaway County, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Viola Belcher

15. Birthplace Callaway County, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Vibla Curtis

(b) Address Mexico, Missouri

17. (a) Burial (b) Date thereof 2/7/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood MEXICO MO

18. (a) Signature of funeral director Chas Arnold
(b) Address Mexico, Missouri

19. (a) Feb 7-1941 (b) Blanche Keely
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2-4-41
year _____ hour 3 minute 15 P. M.

21. I hereby certify that I attended the deceased from 6-4-40
2-4, 1941, to _____, 1941;
that I last saw him alive on 2-4- _____, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Lung
abscess
Pul Tuberculosis

Due to _____

Due to _____

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

Major findings: _____
Of operations _____

Of autopsy no

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 A. J. Factor (M. D. or other) _____
Address Mexico, Mo. Date signed 2-6-41

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

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

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number 3-41-598

Date Filed MAR 10 1941

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

Clara Arnold

Licensed Embalmer No.

3569

P. O. Address

Milwaukee, Wis.

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, fact should be so stated above.