No. 2
4-13-40
-17-39
I X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27796

FILED SEP 10 1941

Registration District No. 85

Primary Registration District No. 1001

Registrar's No. 732

11
1
7

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: St. Joseph's Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 hours (Specify whether

In this community Lifetime years, months or days)

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. 117 S. 12th Street (If rural, give location)

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

3. (a) PRINT FULL NAME Katherine Curtin

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

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

7. Birth date of deceased September (Month) 15 (Day) 1865 (Year)

8. AGE: Years 75 Months 10 Days 17 If less than one day ..... hr. ..... min.

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

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Denis Curtin
13. Birthplace Unknown (City, town, or county) Ireland (State or foreign country)

MOTHER
14. Maiden name Julia Barry
15. Birthplace Unknown (City, town, or county) Ireland (State or foreign country)

16. (a) Informant John Curtin

(b) Address 117 S. 12th Str. St. Joseph, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 5, 1941. (Month) (Day) (Year)

(c) Place: burial or cremation Mount Olivet Cem't

18. (a) Signature of funeral director Herman Lillenfaden

(b) Address 1802 Union Str. St. Joseph, Mo.

19. (a) 8-4-1941 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 2nd year 1941 hour 5 minute 15 P.M.

21. I hereby certify that I attended the deceased from Aug 2, 41, 19..., to Aug 2, 41, 19...; that I last saw her alive on Aug 2-41, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage — Duration 2 hours

Due to Cerebral hemorrhage

Due to Cerebral hemorrhage

Other conditions None (Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None

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 [signature] (M. D. [illegible]) Gen. D.

Address St. Joseph Mo Date signed 8.3.41

85

(Licensed Embalmer's Statement on Reverse Side)

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.....Albert C. Farrington.....

Licensed Embalmer No.....3258.....

P. O. Address.....St. Joseph, 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.